DOCUMENT RESUME

ED 250 529 CE 040 060

TITLE	The Special Child: Instructor's Guide.
INSTITUTION	Texas Tech Univ., Lubbock. Home Economics Curriculum Center.
SPONS AGENCY	Texas Education Agency, Austin. Dept. of Occupational Education and Technology.
PUB DATE	Aug 84
NOTE	282p.; For the student laboratory manual, see CE 040 061.
AVAILABLE FROM	Home Economics Curriculum Center, Texas Tech University, Box 4067, Lubbock, TX 79409-4067.
PUB TYPE	Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Child Caregivers; Child Care Occupations; Child Development; Child Rearing; Citations (References); Classroom Techniques; Day Care; Day Care Centers; Definitions; Demonstrations (Educational); *Disabilities; *Exceptional Persons; Individualized Education Programs; Laboratory Procedures; *Learning Activities; Lesson Plans; *Mainstreaming; Normalization (Handicapped); Postsecondary Education; Teaching Methods; Test Items

ABSTRACT

This guide was designed for use by postsecondary child development instructors in programs that prepare students to be child caregivers or directors. The guide is especially useful for instructors of lecture-laboratory courses on mainstreaming children with special needs into regular child care settings. The guide is organized into six units that cover the following topics: understanding mainstreaming, the caregiver's role in screening and assessment, understanding special needs, promoting positive interactions, learning in the mainstreamed child care program, and supporting parents. At the beginning of each unit, performance objectives and references are listed. Suggested classroom learning experiences provide instructors with teaching strategies to help students achieve the objectives. The unit test includes multiple-choice and essay questions. Transparency and handout masters, which follow Unit VI, may be reproduced as needed for classroom use. The instructor's guide also contains a glossary, glossary test, answer keys, and a 17-page bibliography. Special sections are provided on coordinating student laboratory assignments, evaluating students, and determining readability by using the Fog Index. (KC)

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The Special Child:

Instructor's Guide

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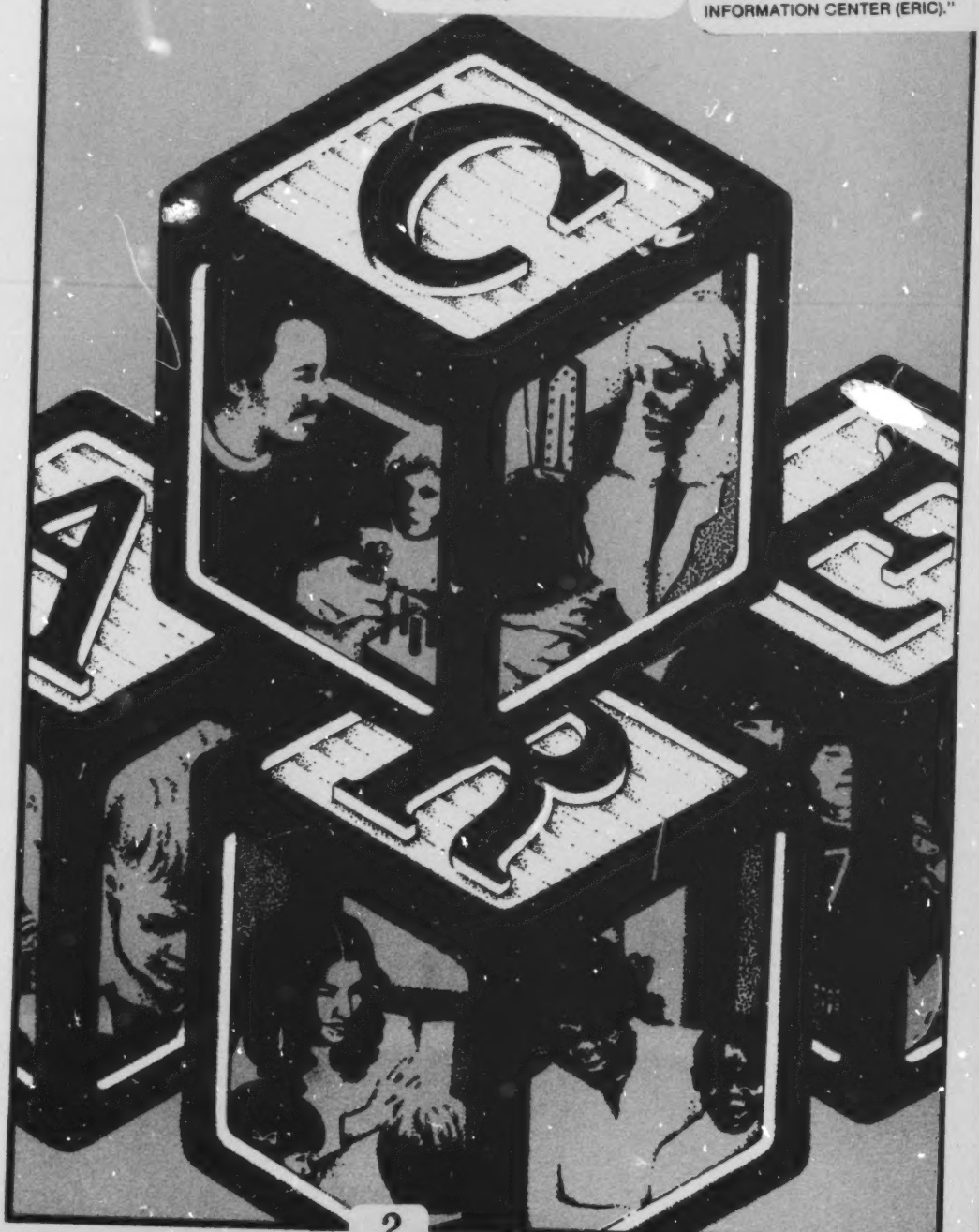

CE040060

Division of Post-Secondary Programs
Department of Occupational Education and Technology
Texas Education Agency
Austin, Texas

The Special Child: Instructor's Guide

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AUGUST 1984

Acknowledgments

These materials were developed through funding from the Department of Occupational Education and Technology, Texas Education Agency, Austin, Texas under Subpart 3, Program Improvement, of Public Law 94-482, and in cooperation with the College of Home Economics, Texas Tech University, Lubbock, Texas. The Research Coordinating Unit, Texas Education Agency, coordinates all program improvement activities. The Division of Post-Secondary Programs, Texas Education Agency, provides directional guidance to curriculum development projects.

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COMPLIANCE STATEMENT

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TITLE VII, CIVIL RIGHTS ACT OF 1964; EXECUTIVE ORDERS 11246 AND 11375; TITLE IX, 1973 EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 WAS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; AND VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974.

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Introduction

The Special Child is designed for use by post-secondary child development instructors in programs which prepare students to be child caregivers* or directors. The *Instructor's Guide* and *Student Laboratory Manual* are valuable tools for instructors of courses on mainstreaming children with special needs into regular child care settings. The materials are most effective in courses which have both a lecture and laboratory (lab).

Carefully selected textbooks and access to a quality mainstreamed child care program are essential for effective utilization of the materials. However, many of the labs may be done in regular child care settings or special education settings if a mainstreamed child care setting is not easily accessible. The materials coordinate effectively with most textbooks on young special needs children. (See the Bibliography for possible textbooks.) To receive maximum benefit from the lab experiences in the *Student Laboratory Manual*, students must be able to both observe children and participate in their care. Centers selected for student use should meet or exceed state licensing standards.

Descriptions of the organization of the *Instructor's Guide* and *Student Laboratory Manual*, suggestions on how to use the materials, and guidelines on coordinating student lab work are summarized below.

ORGANIZATION OF THE INSTRUCTOR'S GUIDE

The *Instructor's Guide* is organized into six units. At the begining of each unit Performance Objectives and References are listed. Suggested Classroom Learing Experiences provide instructors with teaching strategies to help students achieve the objectives. The Unit Test includes multiple-choice and essay questions. Transparency and Handout Masters, which follow Unit VI may be reproduced as needed for classroom use. Transparencies begin on page 139 and Handouts on page 175. The *Instructor's Guide* also contains a Glossary, Glossary Text, Answer Keys, and Bibliography. The Bibliography at the back of the guide includes all references noted in the units. Materials which are recommended for student use have notations on read-

*The term *child caregiver* as used in this manual refers to any individual, regardless of job title, who has responsibility for the direct care of children in a group child care setting.

ing level and evidence of sex bias.

ORGANIZATION OF THE STUDENT LABORATORY MANUAL

The *Student Laboratory Manual* is designed as a laboratory experience guide and workbook, written at a tenth-grade reading level. The format permits students to answer questions and make notes directly in the manual. Instructors should become thoroughly acquainted with the content of the student manual in order to work effectively with students in planning their lab experiences.

The student manual is organized into six units which correspond with the units in the *Instructor's Guide*. Each unit begins with Performance Objectives. The objectives correspond with the unit objectives in the *Instructor's Guide*. The Overview introduces basic concepts related to the unit topic. Suggested reading for in-depth study are given at the end of the Overview.

Lab experiences in each unit include both observation and participation assignments. The learning objectives for each experience will help students achieve one or more of the Performance Objectives. Participation Evaluation forms are included for the instructor's use in evaluating a student's performance in the lab. Other components of the *Student Laboratory Manual* include Guidelines for Successful Lab Experiences, Glossary, and Bibliography.

USING THE MATERIALS

The *Instructor's Guide* can assist instructors in providing learning experiences for students in the classroom. Post-seconday students are characterized by a wide range of ages, educational backgrounds, work experiences, academic abilities, and reading levels. Instructors should keep these characteristics in mind when selecting teaching strategies from the *Instructor's Guide*. Teaching strategies, include group discussions, posters, charts, games, lectures, role playing, felt boards, and others. Reading materials provided for students should accommodate various reading abilities.

An important point to remember about the *Instructor's Guide* and the *Student Laboratory Manual* is that they are not self-contained. To prepare for classes, instructors will need to refer to the references listed at the beginning of each unit. Students must study additional references in-depth in order to achieve the objectives. The instructor shoud assign appropriate readings for each unit topic. Assignments might be made from the references suggested at the end of the Overview or from other references selected by the instructor.

The instructor should prepare the overall course outline before the class meets at the beginning of the semester or quarter. The units may be covered in any order. The instructor can vary the number of classes devoted to each unit depending on the in-

structor's preferences and the amount of time available.

GUIDELINES ON COORDINATING STUDENT LAB ASSIGNMENTS

Coordination of student's lab experiences is a challenging task for the instructor. Although post-secondary programs vary in their arrangements for student laboratory experiences, the following general guidelines shoud be helpful.

Several lab experiences are suggested in each unit of the *Student Laboratory Manual*. The instructor and student can decide which activities are most appropriate for that student. Some students may be able to complete most of the lab experiences. Other students may be able to complete only a limited number. Both the number of lab hours required for the course and students' abilities influence the number of experiences assigned.

Observation experiences can be scheduled at almost any time if the child care center has an observation booth. If there is no observation booth, no more than two students should be permitted to observe in each room at one time.

Participation experiences are more difficult to schedule than observation experiences. The instructor should remind students that regular daily routines of the children should not be disrupted. Students must plan their participation activities according to the general pattern of activities at the child care center. Avoid scheduling several students to do the same participation lab activity with one group of children.

Most lab experiences presented in the *Student Laboratory Manual* require 30 to 60 minutes, depending on whether the student is participating or observing. Time for making preparations, becoming accustomed to the children, and interacting with the children should be considered.

The instructor and student must work closely with the children's caregiver in planning and carrying out each lab experience. The caregivers should be involved in the scheduling of all student visits.

Some students will already be working as caregivers in a child care center. It may be approrpiate and convenient for these students to carry out lab experiences in their own centers. The center's director should assist in planning the student's schedule to minimize disruptions of the center's activities.

Charts, wall calendars, or special notebooks might be used to keep a master schedule of all lab work. This would ensure that the instructor is aware of when and where students are observing or participating in lab experiences.

Coordinating the lab experiences with class meetings may not be possible in some situations. However, when classroom learn-

ing experiences and lab assignments are coordinated, students will benefit from combining theory and practical application.

Guidelines for Evaluating Students

Student caregivers can be evaluated in terms of knowledge, psychomotor skills, and affective behaviors. When based on course objectives, evaluation provides useful information for both students and instructors. Evaluation provides students with feedback about their performance and usually a grade. Evaluation provides the instructor with information about the effectiveness of teaching strategies used in the course.

The Performance Objectives in each unit of *The Special Child* identify specific behaviors the student should exhibit at the end of the instructional unit. These objectives can be used as a basis for developing evaluation instruments.

Performance objectives normally consist of three parts: (1) the specific behavior to be achieved, (2) the conditions under which the behavior is to be performed, and (3) the criteria for measuring achievement of the objective. The performance objectives used in these materials are statements of the specific behaviors to be achieved by the student. This allows instructors the freedom to decide which conditions and evaluation criteria are appropriate for their teaching situations. For example, one objective states that the student will, "Explain the importance of screening to identify children who may have special needs." Instructors should inform the students of the conditions and evaluation criteria. The objective in a complete form might be, "After completing assigned readings write a one page summary explaining the importance of screening to identify children who may have special needs."

The materials include several components which will assist the instructors in evaluating students' knowledge, skills, and attitudes. However, instructors are encouraged to develop evaluation methods which best meet the needs of students enrolled in the course.

EVALUATION OF KNOWLEDGE

The unit test at the end of each unit in the *Instructor's Guide* can be duplicated for all students. Answers to each unit's multiple-choice questions are at the end of the *Instructor's Guide*. The essay questions for each unit can be evaluated according to the instructor's criteria. The instructor may want to specify the criteria to the students before the test is administered. A

Glossary Test has also been provided following the Glossary in the *Instructor's Guide*. Glossary Test answers are provided in the Answer Keys.

EVALUATION OF SKILLS

Student performance in the child care setting can be evaluated with the Participation Evaluation forms included in the *Student Laboratory Manual*. Two forms are provided in each unit. The instructor can decide how many time to observe each student. Before, the student is observed, the instructor and student should have a planning conference. During the conference the student and instructor may go over the Participation Evaluation form. The instructor may fill in the specific behaviors to be observed during the participation experience. After the instructor observes the student, a follow-up evaluation conference provides an opportunity for the instructor to provide feedback to the student. The evaluation conference is more effective when held as soon as possible following the participation experience observed.

Students are also provided with a self-evaluation check list at the end of units with participation experiences. This form can be used by students to evaluate their own performance.

AFFECTIVE EVALUATION

Affective evaluation involves examining student's attitudes or feelings. Attitudes are reflective of the student's system of values or beliefs. As students strive to achieve the performance objectives, they are also forming attitudes about caregiving. In the classroom and lab, students display their attitudes in different ways. For example, they show interest, enthusiasm, commitment, diligence, patience, and many other attititudes.

If attititudes are to be evaluated in the course, students should be provided with a list of affective performance objectives. For example, students might be asked to "be aware of the feelings of parents when consulting with them about their child's development" or to "demonstrate a patient attitude toward a child with a slow learning style."

These materials do not include specific affective performance objectives. Instructors may decide which attitudes are appropriate to encourage in their students. However, several elements of the materials are useful for examining students' affective performance: case studies, role playing, essay questions, conferences with the student, and rating scales.

Evaluation of the student's caregiving abilities should include evaluation of knowledge, pyschomotor skills, and attitudes. In whatever ways the instructor chooses to evaluate student performance, the specific requirements of the course and the evaluation criteria should be stated clearly to the students at the beginning of the course.

Students with Special Learning Needs

Community and junior colleges have traditionally offered educational opportunities to students with a wide variety of interests, needs and abilities. Instructors are encouraged to meet the special learning needs of these students through individualized instruction and learning. Through individualized instruction and learning, instructors can provide for all students without labeling special needs students and making them conspicuous within the group.

Students with special learning needs in the community or junior college might have some of the following characteristics:

- Limited English proficiency
- Underdeveloped reading skills
- Underdeveloped writing skills
- Underdeveloped study skills
- Physically handicapping condition
- Speech or language disability
- Audio learner
- Visual learner
- Kinesthetic learner
- Gifted or talented learner

While most community and junior colleges offer special services and resources to students with these and other special learning needs, classroom instructors must find ways to promote learning by working with each student's abilities.

Both the *Student Laboratory Manual* and the *Instructor's Guide* can assist instructors in providing individualized instruction and learning. Because the performance objectives are written with only the behavioral elements listed at the beginning of each unit, instructors can determine conditions and evaluation criteria for each individual student.

The *Student Laboratory Manual* features units with a vareity of lab experiences. Students are exposed to the real world of child care and given the opportunity to participate. Hands-on experiences are highly effective with most special needs students because such students learn best by doing. Instructors and students can select experiences which will best meet the needs and match the learning abilities of the students. Instructors should feel free to modify learning objectives or create new labs to accommodate students.

The *Instructor's Guide* also features a vareity of suggested classroom learning experiences. Some experiences are basic and simple, others are more challenging. Instructors can assign to students those activities which best meet their needs and match their learning abilities

Instructors may find some of the following tips useful in serving students with special learning needs:

- Identify students' learning abilities and styles at the beginning of the course.
- Identify students' interests and needs at the beginning of the course. A simple questionnaire will give students an opportunity to provide information which will help you meet their learning needs.
- Work with each student individually to identify learning goals, objectives, experiences, and evaluation criteria.
- Check the reading level of the printed matter you plan to use. This can be done by using one of the simple readability formulas. Details on how to use the Fog Index follow this section.
- Use textbooks or media in a student's dominant language.
- Adapt the reading level of written materials by rewriting important sections at a lower reading level. Advanced students might to this, and in doing so, consolidate the materials in their own minds.
- Provide the option of oral rather than written tests.
- Have students maintain a vocabulary list of terms associated with your course.
- Review often key concepts, points to remember, directions, etc.
- Encourage students to ask questions when they do not understand, Check students' understanding by asking them to repeat back in their own words key concepts, points to remember, directions, etc.
- Break information down into small steps when possible. Identify the elements which compose a concept or skill. Provide step-by-step instruction.
- Involve more than one sense in a learning activity.
- Have students work in pairs or groups, matching students for maximum learning potential.
- Use learning centers so that students may select centers which best meet their needs. Vary the level of challenge among the centers.
- Provide plenty of time for students to complete assignments or classroom learning experiences. Have optional activities available for students who complete their work before others.

Determining Readability with the Fog Index

Robert Gunning, in *The Techniques of Clear Writing*[1], established a readability yardstick known as the Fog Index. Using this readability formula helps instructors determine the reading level of printed matter to be used by students. To find the reading level of textbooks, handouts, or other printed matter, follow these steps:

STEP 1. Count the number of words in successive sentences, stopping with the sentence that ends closest to a 100-word count. Divide the number of words by the number of sentences to determine the average sentence length of the passage. (If the piece is long, it is wise to analyze several 100-word passages, spaced evenly throughout the work.)

STEP 2. In the 100 word sample, count the number of words containing three or more syllables. These are considered difficult words. Do not count proper names, combinations of short words (like bookkeeper or chairperson), or verb forms made three syllables by the addition of suffixes such as -ing, -ed, or -es (like trespasses). Figure the percentage of difficult words by dividing the number of words in the passage into the number of difficult words.

STEP 3. Add the average sentence length and the percentage of difficult words and multiply this figure by 0.4. The resulting number is the Fog Index or approximate reading grade level of the passage. A Fog Index of 13, 14, 15, 16, and 17 represent college freshman, sophomore, junior, senior, and graduate respectively.

EXAMPLE

According to the Fog Index, the following passage is approximately 10th grade reading level.

> The thinking which occurs before action is taken is one way to define planning. Planning comes first. Planning involves decisions about what goals and objectives should be set and how the organization will go about

[1] Gunning, Robert. *The Technique of Clear Writing*. New York: McGraw-Hill, 1968.

achieving these goals and objectives. Another way to describe planning is that it answers the questions: what, when, where, how, and by whom? Establishing or becoming aware of goals and objectives is the first step in planning. Goals are general statements that tell where the organization hopes to be at some point in the future. Goals are sometimes considered a finishing point.

STEP 1. $\frac{97 \text{ (number of words in passage)}}{7 \text{ (number of sentences)}}$

= 13.9 average number of words per sentence

STEP 2. $\frac{10 \text{ (number of difficult words)}}{97 \text{ (number of words in passage)}}$

= 10.3% difficult words

STEP 3. $(13.9 + 10.3) \times 0.4 = 9.7$ Fog Index or approximately 10th grade reading level

Performance Objectives

Understanding Mainstreaming Unit I

Society's Changing Attitudes

- Summarize society's changing attitudes toward children with special needs.
- Discuss the purposes and implications of federal legislation which affects the education and care of children with special needs.
- Determine local and state regulations which pertain to the care of children with special needs.

Mainstreaming: What Does it Mean?

- Generalize concepts which underlie the issue of mainstreaming.
- Define key terms associated with mainstreaming.
- Discuss the advantages and disadvantages of mainstreaming.

The Caregiver's Attitude

- Analyze the importance of the caregiver's attitude in successfullly mainstreaming children with special needs.
- Identify common concerns child caregivers may have about mainstreaming.
- Develop a personal philosophy of caring for children with special needs.
- Identify career opportunities and educational programs which would provide advanced training in working with children with special needs.

References

SOCIETY'S CHANGING ATTITUDES

Ballard, Joseph, et al. (eds.). *Special Education in America: Its Legal and Governmental Foundations.*

Cohen, Shirley, et al. "Public Law 94-142 and the Education of Preschool Handicapped Children."

Leiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Lilly, Stephen M. (ed.). *Children with Exceptional Needs.*

Martin, Reed. *Educating Handicapped Children: The Legal Mandate.*

Safford, Philip L. *Teaching Young Children with Special Needs.*

Suran, Bernard G. and Rizzo, Joseph V. *Special Children: An Integrative Approach.*

Widerstrom, Anne. "Mainstreaming Handicapped Preschoolers: Should We or Shouldn't We?"

MAINSTREAMING: WHAT DOES IT MEAN?

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Allen, K. Eileen. "Mainstreaming: What Have We Learned?"

Dunlop, Kathleen H. "Mainstreaming: Valuing Diversity in Children."

Goetz, Elizabeth M. and Allen, K. Eileen, (eds.). *Early Childhood Education: Special Environmental, Policy, and Legal Considerations.*

Karnes, Merle B. and Lee, Richard C. *Early Childhood: What Research and Experience Says to the Teacher of Exceptional Children.*

Klein, Jenny W. "Mainstreaming the Preschooler."

McLoughlin, James A. and Kershman, Susan M. "Mainstreaming in Early Childhood: Strategies and Resources."

Meisels, Samuel J. "First Steps in Mainstreaming: Some Questions and Answers."

Morgan, Dorothy and York, Mary E. "Ideas for Mainstreaming Young Children."

Souweine, Judith, et al. *Mainstreaming: Ideas for Teaching Young Children.*

Wishon, Phillip M. "Serving Handicapped Young Children: Six Imperatives."

THE CAREGIVER'S ATTITUDE

Allen, K. Eileen. "Mainstreaming: What Have We Learned?"

Blacher-Dixon, Jan, et al. "Mainstreaming at the Early Childhood Level: Current and Future Perspectives."

Dunlop, Kathleen H. "Mainstreaming: Valuing Diversity in Children."

Karnes, Merle B. and Lee, Richard C. *Early Childhood: What Research and Experience Says to the Teacher of Exceptional Children.*

Klein, Jenny W. "Mainstreaming the Preschooler."

McLoughlin, James A. and Kershman, Susan M. "Mainstreaming in Early Childhood: Strategies and Resources."

Morgan, Dorothy and York, Mary E. "Ideas for Mainstreaming Young Children."

Seaver, Judith. *Careers with Young Children: Making Your Decision.*

AUDIOVISUALS

Am I Being Unrealistic?

Education for All Children: The Challenge of the Eighties.

Ruegamer, Lynn C., et al. *Public Law 94-142: Putting Good Intentions to Work: A Program for Parents and Teachers.*

NOTE: Complete citations can be found in the Bibliography at the end of this guide.

Suggested Classroom Experiences

Society's Changing Attitude

OBJECTIVE

Summarize society's changing attitudes toward children with special needs.

DISCUSSION: Ask students to discuss and list reasons why handicapped children in the past were often separated from the mainstream of society. Discuss reasons why they were educated in schools separate from non-handicapped children or placed in institutions away from family. List reasons on the chalkboard.

HANDOUT: Give students a copy of Handout 1 which summarizes the history of education of the handicapped and the social attitudes which correspond to each historical time period. KEY QUESTIONS: How have key events in history changed society's attitudes toward the handicapped and gifted and talented? Have social attitudes been the cause of some of the events? If so, which ones? What other attitudes correspond with each time period? What reasons can you give for some of these attitudes? Why might some people today still hold attitudes that were common a hundred years ago?

SURVEY: Have students find out how people today feel about mainstreaming children with special needs. Help students develop a small questionnaire that can be given to friends, relatives, parents at a local child care facility, or to students on campus. On the questionnaire ask how the person feels about handicapped children, gifted and talented children, mainstreaming, child care for children with special needs, etc. Find out if the person's attitudes have changed over the past several years, and why those attitudes have changed. In class, have students analyze the results of the survey and write a short summary of how the people surveyed feel about the issues addressed in the questionnaire. KEY QUESTIONS: How are today's attitudes toward mainstreaming children with special needs different from attitudes of society during the 1800s and the early 1900s? Will society's attitude continue to change? What new social attitudes toward chilldren with special needs can you predict?

OBJECTIVES

Discuss the purposes and implications of federal legislation which affects the education and care of children with special needs.

Determine local and state regulations which pertain to the care of children with special needs.

HANDOUT: Give students a copy of Handout 2 to complete as they read references which cover federal legislation affecting children with special needs. [NOTE: Answers to this exercise can be found in the answer key at the back of this guide.] KEY QUESTIONS: What kind of social pressures helped to make these laws possible? What are the purposes of these laws?

CHARTS: Have students prepare charts listing the implications of key legislation affecting preschool children with special needs. Divide the class into research teams of two or three students. Ask each team to study the following four public laws and determine how these laws affect preschool children:

- Public Law 93-112 Section 504, Rehabilitation Act of 1966
- Public Law 93-380, Education Amendments of 1974
- Public Law 93-644, Head Start, Economic Opportunity, and Community Partnership Act of 1974
- Public Law 94-142, Education for All Handicapped Children Act of 1975

Students then prepare charts listing the implications of each law and how it directly or indirectly affects the field of early childhood care and education. Teams can discuss their charts in class. [NOTE: A good reference on this topic is an article in *Exceptional Children* titled "Public Law 94-142 and the Education of Preschool Handicapped Children" by Cohen, et al. See the bibliography at the end of this guide for a complete reference citation.]

TRANSPARENCY: Show students Transparency 1 which summarizes legislation in the state of Texas related to the special child. [NOTE: If you live in another state prepare a similar transparency summarizing your state's legislation.] KEY QUESTIONS: How do these state laws compare to the federal laws? What are the purposes of these state laws? What agencies regulate or enforce these laws?

REPORTS: Ask interested students to research and report on key court cases or litigation related to the care and education of special needs children. Cases to investigate include:

- Brown vs. Board of Education of Topeka (1954)
- Pennsylvania Association for Retarded Children (PARC) vs. Commonwealth of Pennsylvania (1971)
- Mills vs. Board of Education of the District of Columbia (1972)
- Diana vs. State Board of Education (1973)
- Larry P. vs. Riles (1974)
- LeBanks vs. Spears (1973)
- Maryland Association of Retarded Citizens (MARC) vs. Maryland (1974)

- Board of Education of Hendrick Hudson School District vs. Rowley (1982) [NOTE: These cases are reported in the *Special Education Yearbook* which can be found in the reference of a college library.]

KEY QUESTIONS: What effect do such court cases have on the care and education of the special needs child? What effect do such cases have on legislation? Do you agree with the rulings in each case? Why?

Mainstreaming: What Does it Mean?

OBJECTIVES

Generalize concepts which underlie the issue of mainstreaming.

Define key terms associated with mainstreaming.

DISCUSSION: Have students read several articles on mainstreaming in order to identify the main concepts which underlie the issue of mainstreaming. Divide the class into small groups. Provide each group with several copies of one or two articles. Ask the group members to read and discuss the articles. Have them make a list of the main concepts which are implied by the articles in relation to mainstreaming. Groups then share their discussions. On the chalkboard make a general list of the concepts identified. [NOTE: The following articles from *Young Children* are suggested references for this activity:

- "Mainstreaming: What Have We Learned?" by Allen
- "Mainstreaming: Valuing Diversity in Children" by Dunlop
- "Mainstreaming in Early Childhood: Strategies and Resources" by McLoughlin and Kershman
- "First Steps in Mainstreaming: Some Questions and Answers" by Meisels
- "Ideas for Mainstreaming Young Children" by Morgan and York
- "Serving Handicapped Young Children: Six Imperatives" by Wishon

[See the bibliography at the end of this guide for complete references.]

HANDOUT: Give students a copy of Handout 3 which summarizes the key concepts associated with the issue of mainstreaming. KEY QUESTIONS: Do you think each of these statements is true? Why? What other concepts can you identify?

BULLETIN BOARDS: Have students prepare bulletin boards illustrating one of the key concepts listed in Handout 3. Students may wish to donate their bulletin boards to local child care facilities.

DISCUSSION: Have students discuss Lab Experience 1 in which they recorded scenes from a preschool classroom to illustrate how children are more alike than different. Have the class brainstorm and list all the ways that children are alike on the chalkboard.

CIRCULAR RESPONSE: Conduct a circular response discussion on the following quotation taken from the article "Mainstreaming the Preschooler" by Jenny W. Klein: ". . . Any teacher who really understands the young child can work with the handicapped." Students can discuss the validity of this statement and how it may or may not be true. [NOTE: To conduct a circular response discussion, arrange the group in a circle. Appoint one or two students to listen and take notes during the discussion. Each person in the circle has one minute to speak on the topic. One person begins and the discussion goes around the circle so that each has a chance to speak. No one may speak out of turn. The discussion may go around the circle several times. Set a time limit for ending the discussion. During their turn students may add new thoughts, support someone else's idea, pass, or ask for a minute of silence in which to think about the topic. After the discussion has ended, have the note-takers compile all the ideas and read them back to the group for evaluation.]

TRANSPARENCY: Show students Transparency 2 which illustrates the "cascade" system of special education services and categorizes different special education settings. The least restrictive environment corresponds with Level 1 in which special needs children are in regular classrooms most of the time. The number of children in Level 1 should be the greatest while the number of children at other levels should be less. Point out that the least restrictive environment for each child depends upon that child's handicap. The more severe the handicap, the more restrictive the environment is likely to be. KEY QUESTIONS: At which levels is mainstreaming taking place? Why is it important to place children at the highest level possible? How is the level at which a child will function best determined? Is it possible for children to progress or regress from level to level? How?

WORD SCRAMBLE: Use the word scramble provided on Handout 4 to help students review key terms introduced to them in the overview of their lab manual for this unit [NOTE: The answers to this puzzle can be found in the answer key at the end of this guide.]

WORD PUZZLES: Have students develop their own word puzzles using other key terms associated with mainstreaming. Other terms to include are: exceptional child, disability, impairment, dysfunction, developmental delay, developmental deviation, labeling, gifted, talented, etc. Students might develop word scrambles, hidden word puzzles, or crossword puzzles. Duplicate copies of puzzles for students to use.

OBJECTIVE

Discuss the advantages and disadvantages of mainstreaming.

PANEL DISCUSSION: Invite a panel to speak to the class about the advantages and disadvantages or the benefits and problems associated with mainstreaming. Panel members might include a child care program director, caregiver, parent, or special education professional. KEY QUESTIONS: In your opinion, does mainstreaming work

with most children with special needs? How may caregivers and program directors increase the benefits of mainstreaming? What can be done to overcome the disadvantages of mainstreaming?

DISCUSSION: Ask students to discuss Lab Experience 2 in which they interviewed someone associated with a mainstreamed program. On the chalkboard have students list the advantages or benefits of mainstreaming and the disadvantages or problems associated with mainstreaming.

ABSTRACTS: Have interested students read journal articles on mainstreaming in the preschool and prepare abstracts or summaries of the key points. Have students discuss what factors contribute to a successful mainstreaming program. [NOTE: See the articles listed at the beginning of the overview. Complete references can be found in the bibliography at the end of this guide.] Provide time in class for students to report on their articles.

CHECK LIST: Have students prepare a check list of factors which contribute to successful mainstreaming after they have studied references on this topic. Students might use the check list as an informal evaluation tool for assessing the potential for success of a mainstreamed program. KEY QUESTIONS: Which factors seem to be the most important for success in mainstreaming? If a program lacks one or more of these essential factors, what can be done to compensate?

TRANSPARENCY: Show students Transparency 3 which lists factors to consider before placing a child in the regular child care environment. KEY QUESTIONS: Why is it important to consider these factors? Can any child with special needs be adequately served in the regular child care environment? Why? Should the child be expected to change or should the program be expected to change in order to make mainstreaming work? Why?

The Caregiver's Attitude

OBJECTIVE

Analyze the importance of the caregiver's attitude in successfully mainstreaming of children with special needs.

SYMBOL SYMPOSIUM: Help students analyze attitudes which are important in mainstreaming by conducting a "symbol symposium." Assign students to bring to class an object which might symbolize an attitude important for caregivers of special needs children. In class have students discuss the attitude symbolized by their object and why it is important. [NOTE: In small classes you might have students bring more than one object to symbolize more than one attitude. Objects which might illustrate positive attitudes for caregivers of special needs children include:

- A brochure on epilepsy (willingness to learn)
- An exotic fruit (willingness to try new things)
- A jar of finger paint with sand added (sensitivity to a blind child)

- A flower (willingness to grow)
- A photograph of the student having a good time with children (positive self-concept)
- A flashlight, in parts (all must work together to achieve results)

DISCUSSION: Have students discuss Lab Experience 3 in which they observed caregivers to identify behaviors associated with positive attitudes In small groups students might make a list of attitudes and behaviors associated with successful mainstreaming.

CASE STUDIES: Divide the class into two groups. Assign each group the task of developing two case studies illustrating the importance of positive attitudes in mainstreaming. One case study should feature a caregiver with generally positive attitudes. The other case study should feature a caregiver with generally negative attitudes. Each group should prepare a written description of its case studies (each description should not be more than 1½ pages hand-written). Groups then exchange studies and discuss. KEY QUESTIONS: How did positive attitudes make a difference in the success of each caregiver with mainstreaming? What happens when a caregiver has negative attitudes? How do you develop positive attitudes? Do you think children can sense how you feel, even though your actions do not show it? Why?

HANDOUT: Give students a copy of Handout 5, "Understanding Your Attitudes Toward Mainstreaming." Ask each student to complete each item by circling the letter of the response which best describes how the student would feel or what the student would do in each situation. Tell the students that this is a personal assessment and will not be seen by anyone else. Encourage students to select the response which first strikes them as appropriate for them. There are no right or wrong answers. After students have completed the exercise, help them evaluate their attitudes toward the handicapped. Students who circled *A* for Items 2, 3, 6, and 8 and *B* for Items 1, 4, 5, 7, 9, and 10 have the most positive attitudes about mainstreaming. KEY QUESTIONS: Did some of you find it difficult to choose because you felt that both items described how you would feel or what you would do? Why do you think this is so?

OBJECTIVE

Identify common concerns child caregivers may have about mainstreaming.

BUZZ GROUPS: Divide the class into several small "buzz groups." Tell each group to imagine itself as a group of caregivers who are about to mainstream their first special needs child. Give each group a card which tells a little about the child to be mainstreamed. Each group should have a different type of child. Children to be mainstreamed could include a child in a wheelchair, a blind child, a child with epilepsy, a mentally retarded child, a child with an extremely high IQ, or a child with no arms. Ask group members to discuss their concerns about caring for a child with the special need listed on the card. One group member can make a list

of concerns as discussed. After the groups have concluded their buzz sessions, ask that the list of concerns be shared. As a class identify and list on the chalkboard common concerns that caregivers might have about mainstreaming. KEY QUESTIONS: Which concerns might be based on misinformation? Which concerns might have some validity? How might a positive experience with mainstreaming change a caregiver's concerns?

DISCUSSION: Have students discuss the results of Lab Experience 4 in which they interviewed two caregivers about their concerns regarding mainstreaming. If each student in the class interviewed different people, then the results might be analyzed as an informal survey of caregivers. Have students compare the concerns of experienced versus inexperienced caregivers. KEY QUESTION: How are the concerns expressed by caregivers similar to the concerns of class members as discussed in the activity above?

FOLDER EXCHANGE: Have students explore solutions to common mainstreaming concerns of caregivers by involving them in a folder exchange exercise. [PREPARATION: Using a felt-tip marker write on the outside of several file folders a common concern that caregivers have about mainstreaming. Write a different concern on each folder. Use concerns identified in the previous two activities. Inside the folders place a copy of a discussion sheet with the following questions listed: "What is the basis for this concern?" "How can caregivers address this concern? List specific solutions." Leave space after each question for recording the group's response.] To conduct the folder exchange exercise, divide the class into several small groups. Give each group a number. Give each group a folder listing one of the common concerns. Each group should have a folder with a different concern. Ask the members of each group to discuss the concern and answer the questions on the sheet provided. Give the groups 5 to 10 minutes for discussion. After each group has discussed and answered the questions, a group member is to fold the discussion sheet in half so the answers do not show and write down the group's number on the outside of the discussion sheet. Now the groups exchange folders and repeat the same steps. When they are finished answering the questions, they can unfold and compare the answers of the previous groups to theirs. Exchange continues until each group has its original folder back.

OBJECTIVE

Develop a personal philosophy of caring for children with special needs.

TRANSPARENCY: Show students Transparency 4 which lists three philosophical questions that apply to caring for special needs children. As a class or in groups, discuss possible answers to each question. Point out that the answers to these and similar questions constitute a philosophy of caring for special needs children. KEY QUESTIONS: Will the answers to these questions be the same for most caregivers? Why? What related questions can you suggest which might help caregivers describe their philosophy?

STATEMENT OF PHILOSOPHY: Have students prepare a personal statement of philosophy describing what they believe and feel about caring for special needs children. Students can use the questions asked on the transparency or other questions to structure their statement. Collect these statements. Toward the end of the course, repeat this activity. Give students back their first statements and ask them to compare it to their most recent statements. KEY QUESTION: What impact has training and education had on your personal philosophy? Why is it important to think about and be able to describe your philosophy of caring for special needs children?

OBJECTIVE

Identify career opportunities and educational programs which would provide advanced training in working with children with special needs.

BULLETIN BOARD: Ask an interested group of students to prepare a bulletin board or other visual display illustrating career opportunities related to caring for special needs children. The display should give information about the nature of the profession, training required, possible work sites, salary range, etc.

PANEL DISCUSSION: Invite representatives of several professions that work with special needs children to participate in a panel discussion. Ask participants to describe their job, the advantages and disadvantages associated with their profession, the training required, etc. Professionals to include are: special education aide in a public school, special education teacher, special education administrator, counselor at a residential facility, speech therapist, and physical therapist. [NOTE: If persons actually employed in these fields are not available, assign selected students to research a profession and present the information as a panel member.]

RESEARCH: Have students research educational opportunities available in your community for advanced training in working with special needs children. Give each student one or two "knowledge/skills problem cards" which list a specific area in which a caregiver might desire knowledge or skills. For example, cards might include some of the following problems: "You need to learn how to adjust leg braces." "You need to know how to teach self-help skills to a handicapped child in a step-by-step manner." "You need to know what to do when a child has a seizure." "You need to know how to deal positively with parents of a special needs child." "You need to learn how to write an Individualized Education Plan (IEP)." Ask the students to find as many sources for education and training related to their problem cards as they can. Provide time in class for students to share their research. Point out to students that professional or advocacy organizations, social service agencies, as well as traditional educational institutions are sources for knowledge and training.

GUEST SPEAKERS: Invite professors or instructors from area colleges or universities to give a presentation on degree programs related to the care

and education of special needs children. Ask the speakers to provide catalogues or brochures which describe the courses required.

Understanding Mainstreaming Unit I Test

DIRECTIONS

For Items 1-17, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ Ms. Diaz, a child caregiver, expressed her feelings of inadequacy to a co-worker, Ms. Reed. "I've never had a handicapped child in my group. I'm a little scared that I may not be able to meet the child's needs." Ms. Reed, experienced in mainstreaming, might respond by telling Ms. Diaz about one of the basic concepts associated with mainstreaming. She might say,
   A. "It'll be fine. Handicapped children don't take as much of your time."
   B. "You won't have to do anything special. Individualization is not always required."
   C. "You'll soon find out that children are more alike than they are different."
   D. "Relax. The other children will automatically accept the handicapped child. You won't have to do a thing."

2. _____ Placement in the "least restrictive" environment means that
   A. all special needs children are placed in the regular child care setting.
   B. handicapped children are placed in a setting that gives them the best chance for development.
   C. most handicapped children are placed in residential settings.
   D. handicapped children are placed in a barrier-free environment.

3. _____ Before a child can be placed in a special education setting, certain procedures must be followed. These procedures are mandated in the public laws concerning handicapped children and are known as
   A. regulations.
   B. civil rights.
   C. due process.
   D. compulsory procedures.

4. _____ Not having appropriate models from which to learn acceptable social skills is one disadvantage of
   A. segregation.
   B. assessment.
   C. mainstreaming.
   D. due process.

5. _____ A committee which can decide that a child no longer needs special education services is known as the
   A. Information and Referral Committee.
   B. Special Education Planning Committee.
   C. Admission, Review, and Dismissal Committee.
   D. Individualized Educational Program Planning Committee.

6. _____ A small child care program might have difficulty mainstreaming because of
   A. state licensing standards.
   B. poor attitudes on the part of parents.
   C. transportation problems.
   D. extra time needed to train staff.

7. _____ The development of IQ tests and the attitude that intelligence was fixed contributed to
   A. an emphasis on the education of the handicapped.
   B. the idea of mainstreaming.
   C. federal legislation to protect the rights of the handicapped.
   D. custodial care for the handicapped.

8. _____ An historical event which lead directly to a change in society's attitude about gifted children was the
   A. launching of Sputnik.
   B. beginning of university programs to train special educators.
   C. passage of compulsory education laws in most states.
   D. large number of court cases in favor of the rights of the handicapped.

9. _____ In the past children with handicaps were segregated from the mainstream of society. One reason for this was
   A. the research data which showed that handicapped children in segregated settings learned better.
   B. that specialized teachers and schools were necessary for the handicapped.
   C. society's negative attitude toward anyone who was different.
   D. state legislation which required education for all handicapped children.

10. _____ Civil rights legislation of the 1960s probably had an impact on the passage of a similar "civil rights" act for the handicapped. This act is known as the
   A. Amendment to Title I of the Elementary and Secondary Education Act of 1966.
   B. Head Start, Economic Opportunity, and Community Partnership Act of 1974.
   C. Rehabilitation Act of 1973.
   D. Education for All Handicapped Children Act of 1975.

11. _____ Parents can demand to participate in the assessment, placement, and educational plan of their handicapped child under all the following acts *except* the
    A. Amendment to Title I of the Elementary and Secondary Education Act of 1974.
    B. Head Start, Economic Opportunity, and Community Partnership Act of 1974.
    C. Rehabilitation Act of 1973.
    D. Education for All Handicapped Children Act of 1975.

12. _____ A child care program director thinking about mainstreaming would *not* plan to
    A. place only one handicapped child in each classroom.
    B. provide special training for the caregivers.
    C. change the program goals to reflect mainstreaming concepts.
    D. help the children learn to be peer tutors.

13. _____ Mainstreaming might *not* be successful if caregivers
    A. depend on parents for guidance on how to meet a child's needs.
    B. fail to receive additional training.
    C. consider the handicapped child's safety needs.
    D. do not have a special education degree.

14. _____ A director is preparing a job description for a caregiver in a mainstreamed classroom. Of the qualifications which might be listed, the most important for the success of mainstreaming is
    A. the desire to work with the special needs child.
    B. a degree in special education.
    C. the ability to work cooperatively with others.
    D. the ability to develop individualized education plans.

15. _____ The caregiver who is most likely to have a hard time with mainstreaming is
    A. Ms. Vengraff. Ms. Vengraff enjoys caring for the older two's. She often says that each child is like a different flower in the garden, each needing different amounts of sun, light, and water. She sometimes feels like a gardener whose job is to see that each flower grows and reaches its potential.
    B. Mr. Ortiz. In the after school program Mr. Ortiz has a special projects plan for each child. The child and Mr. Ortiz decide what type of activities would be the most interesting for the child. Together they make a plan. Mr. Ortiz feels that the after school hours should also have meaning for the child.
    C. Ms. Bergman. When two children from a cultural background different from those of the other children in the class enroll, Ms. Bergman notices the different ways that they respond. She discovers what kind of activities seem to help them feel comfortable. For the first few days, she changes the regular schedule to provide more time for these activities.
    D. Mr. Haney. A skillful organizer, Mr. Haney has the four-year-olds in his class involved in a series of interesting large group activities. He feels that he treats each child equally because he expects the same performance from each.

16. _____ A statement about mainstreaming which is true is
   A. "Mainstreaming takes extra time to do well at first."
   B. "Non-handicapped children learn bad habits from handicapped children."
   C. "To be successful in mainstreaming a caregiver needs no extra training."
   D. "Young children are less likely to accept the handicapped than older children."

17. _____ Of all the desirable traits for the caregiver in the mainstreamed classroom the one which most determines the success of the program is
   A. the ability to observe children objectively.
   B. the positive attitude of the caregiver.
   C. organizational skills.
   D. communication skills.

DIRECTIONS

For Items 18-20, write a short essay.

18. In what ways has the movement toward mainstreaming improved the quality of child care for all children?

19. If you were a director beginning a mainstreamed child care program, what would you say in the program's philosophy statement?

20. Other than child caregiving, in what ways could you work with handicapped children? Identify at least two career opportunities and describe the educational requirements for each.

Performance Objectives

The Caregiver's Role in Screening and Assessment Unit II

Screening

- Explain the importance of screening to identify children who may have special needs.
- Assess your knowledge of normal child growth and development.
- Explain the importance of conducting systematic observations of each child's development.
- Use a variety of observation techniques to gather objective data about a child's development.
- Discuss ethical considerations in observing children.
- Become familiar with various screening instruments or programs.

Assessment

- Define the role of the caregiver in the assessment process focusing on what caregivers *do not* do.
- Identify agencies in the community to which referrals can be made should a child appear to need an assessment.
- Discuss the advantages and disadvantages of categorizing children with special needs (i.e., labeling).

References

SCREENING

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Cabllero, Jane A. and Whordley Derek. *Humanics National Infant and Toddler Assessment Handbook.*

Cohen, Dorothy and Stern, Virginia. *Observing and Recording the Behavior of Young Children.*

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Draper, Henry E. and Draper, Mary W. *Studying Children: Observing and Participating.*

Goetz, Elizabeth M. and Allen, K. Eileen (eds.). *Early Childhood Education: Special Environmental, Policy, and Legal Considerations.*

Guralnick, Michael J. (ed.). *Early Intervention and the Integration of Handicapped and Non-Handicapped Children.*

Illingworth, Ronald. *Basic Developmental Screening 0-4 Years.*

International Children's Center. *Screening and Social Integration of Handicapped Children.*

Irwine, D. Michelle and Bushnell, Margaret. *Observational Strategies for Child Study.*

Karnes, Merle B. and Lee, Richard C. *Early Childhood: What Research and Experience Says to the Teacher of Exceptional Children.*

Linder, Toni W. *Early Childhood Special Education: Program Development and Administration.*

Richarz, Ann S. *Understanding Children Through Observation.*

Safford, Philip L. *Teaching Young Children with Special Needs.*

Smith, Robert M., et al. *The Exceptional Child: A Functional Approach.*

Stangler, Sharon, et al. *Screening Growth and Development of Preschool Children: A Guide for Test Selection.*

Texas Department of Human Resources. *When You Care for Handicapped Children.*

Whordley, Derek and Doster, Rebecca J. *Humanics National Preschool Assessment Handbook.*

ASSESSMENT

Allen K. Eileen. *Mainstreaming in Early Childhood Education.*

Gallagher, James J. (ed.). *New Directions for Exceptional Children: Young Exceptional Children.*

Goetz, Elizabeth M. and Allen, K. Eileen (eds.). *Early Childhood Education: Special Environmental, Policy, and Legal Considerations.*

Harring, Norris G. (ed.) *Behavior of Exceptional Children: An Introduction to Special Education.*

Hobbs, Nicholas. *The Futures of Children: Categories, Labels, and Their Consequences.*

Jordon, June B., et al. (eds.). *Early Childhood Education for Exceptional Children.*

Karnes, Merle B. and Lee, Richard C. *Early Childhood: What Research and Experience Says to the Teacher of Exceptional Children.*

Klein, Jenny W. "Mainstreaming the Preschooler."

Lilly, Stephen M. (ed.). *Children with Exceptional Needs.*

Linder, Toni W. *Early Childhood Special Education: Program Development and Administration.*

McLoughlin, James A. and Kershman, Susan M. "Mainstreaming in Early Childhood: Strategies and Resources."

Neisworth, John T. *Assessment in Special Education.*

Stixrud, William R. *Plain Talk About Early Education and Development.*

Suran, Bernard G. and Rizzo, Joseph V. *Special Children: An Integrative Approach.*

Texas Department of Human Resources. *When You Care for Handicapped Children.*

NOTE: Complete citations can be found in the Bibliography at the end of this guide.

Suggested Classroom Experiences

Screening

OBJECTIVE

Explain the importance of screening to identify children who may have special needs.

TRANSPARENCY: Show students Transparency 5 which lists three reasons why screening is important. Discuss each of the reasons with students, supporting the discussion with illustrative examples. For instance screening procedures at birth can lead to the identification of phenylketonuria or PKU. The effects of PKU can be greatly overcome if recognized within a few days after a child's birth.

Point out to students that screening is not the same as assessment or diagnosis of a handicap. Through screening, potential handicaps or possible problem areas of development can be identified. The actual determination of the child's condition is left to other professionals. KEY QUESTIONS: What examples can you give to support reasons for screening? When should screening begin? Why?

HANDOUT: Give students a copy of Handout 6 which lists factors that contribute to a child's being at risk of developing or having a handicap. Discuss how each factor affects the child. KEY QUESTIONS: How do these factors contribute to handicaps? What can be done to prevent these factors from affecting the child?

REPORTS: Ask several interested students to research the concept of "critical periods." In class have students present their information. KEY QUESTIONS: What are critical periods? In what ways do critical periods affect development? How do they relate to the development of handicaps? What kinds of critical periods in both prenatal and post-natal development can you identify?

CHART: Use a chart to accompany a discussion of the benefits of screening. [PREPARATION: On newsprint or poster board prepare a chart with the following three sections identified:

- Benefits to the Child
- Benefits to the Family
- Benefits to Society

Title the chart "Benefits of Screening." Leave space for noting the class's discussion.] Help the students summarize what they have read and studied about screening by discussing the benefits of screening to the child, the family, and society. As students discuss each, write on the chart the ideas expressed.

OBJECTIVE

Assess your knowledge of normal child growth and development.

DISCUSSION: Ask each student to list on a sheet of paper three reasons why it is important for caregivers to understand normal child growth and development, especially in relation to working with special needs children. Collect the papers and on the chalkboard list each different reason once. As a class discuss each of the reasons for understanding child growth and development. [NOTE: Be sure that reasons such as being able to spot children who may have special needs and being able to make individual plans for children are included in the list of reasons.]

HANDOUTS: Give students a copy of Handouts 7 and 8. Ask them to use this activity to assess their knowledge of the sequence of gross motor development. After students have arranged the sequence in order, give them the correct sequence and ask them to write on the blank a description of what the child is doing. [NOTE: To simplify this activity, give students a list of descriptions for the illustrations along with Handout 7.] The correct sequence for Handout 8 is:

(H) 1 Month: chin up
(O) 2 Months: chest up
(F) 3 Months: swipe and miss dangling object
(L) 4 Months: sit with support
(A) 5 Months: sit on lap and grasp object
(K) 6 Months: sit in high chair
(E) 7 Months: sit without support
(D) 8 Months: stand with support
(M) 9 Months: stand with support from furniture
(C) 10 Months: creep
(G) 11 Months: Walk with help
(J) 13 Months: crawl up stairs
(I) 14 Months: stand alone
(B) 15 Months: walk alone

After students have corrected their errors, have them glue or tape the pictures in place. Ask students to evaluate their performance on this activity. KEY QUESTION: Did you do as well on this exercise as you thought you would? Why?

PHOTOGRAPHS: Use a set of photographs of children at various stages of development to check students' knowledge of fine motor development. [PREPARATION: Take photographs of children engaging in various small or fine motor activities. Students might help you take the photographs. Ideas for photographs include:

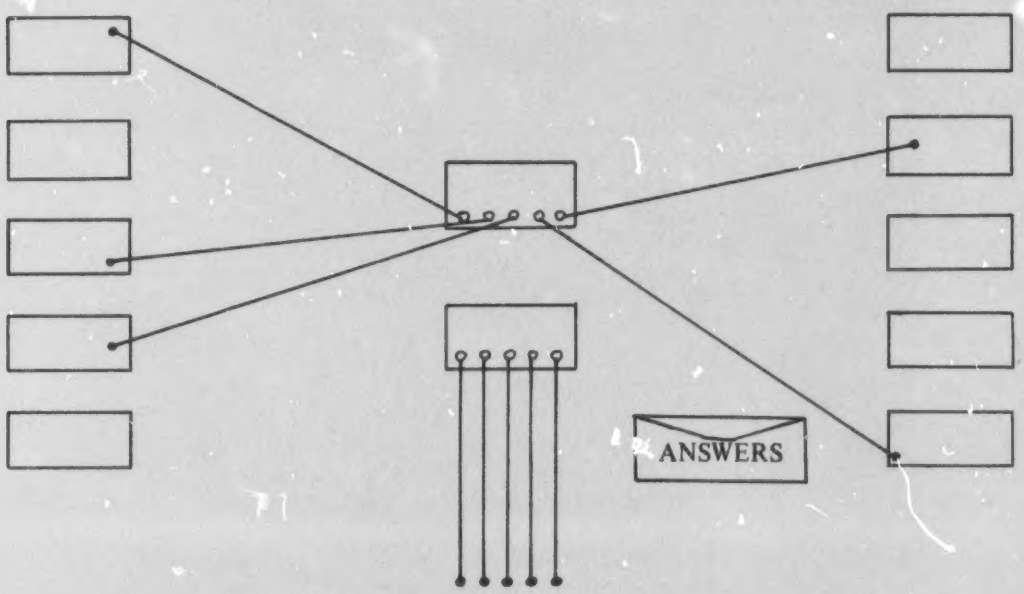
- Grasping an object with whole hand
- Grasping an object with thumb and fingers opposing
- Transferring an object from one hand to another
- Picking up small object with thumb and forefinger
- Scribbling with crayons
- Stacking two blocks on top of each other
- Clapping hands together
- Putting together a six-piece puzzle
- Cutting out a circle with scissors
- Stringing wooden beads
- Copying shapes and letters

Code the photographs in some way, with letters or numbers, so this will be a self-checking activity for students.] Provide time in class for students to work individually or in pairs to arrange the order of the pictures in sequence. Have students check the code marking on the back of the photographs against the key to see if they arranged the photographs in the correct order. To increase the difficulty of the activity have students guess the approximate age of the child.

HANDOUT: Give students a copy of Handout 9 which will give them the opportunity to check their knowledge of the sequence of language development. [NOTE: The correct answers to this activity are in the answer key at the end of this guide.]

BULLETIN BOARD: Have students check their knowledge of cognitive development through a bulletin board activity. [PREPARATION: Use the labels on Handout 10 to prepare a bulletin board activity. Cut out the labels and arrange on a bulletin board titled "Test Your Knowledge of Cognitive Development." Each of the labels describes a feature of either the preoperational period or the sensorimotor period of cognitive development as proposed by Jean Piaget. The period associated with each label on Handout 10 is indicated just above the label so that you may prepare an answer key. Cut out the labels along the heavy black line so that the period associated with the label will not show. Punch holes on the labels "Sensorimotor Period" and "Preoperational Period" where the circles are and attach a long piece of yarn. Tie a knot at the end of each piece of yarn and insert a tack or pin. Use glue to secure the tack or pin at the end of each piece of yarn. The bulletin board might look similar to the following illustration:

TEST YOUR KNOWLEDGE OF COGNITIVE DEVELOPMENT



The answer key can be placed inside an envelope so that students can check their work.] Students can check their knowledge of cognitive development by matching each descriptor to the correct period of cognitive development. To do this students pin each piece of yarn to the labels which describe the characteristic of each of the two periods. [NOTE: If you do not have access to a bulletin board, you might try a version of this activity on poster boards or as a handout where students draw a line between the period of cognitive development and the items which describe that period.]

HANDOUT: Give students a copy of Handout 11 which will help them check their knowledge of the sequence of development of self-help skills. [NOTE: The answers to this activity can be found in the answer keys at the end of this guide.] KEY QUESTIONS: What other self-help skills can you name? What is the relationship between self-help skills and self-esteem? Why are self-help skills especially important for the handicapped child?

DISCUSSION: Discuss Lab Experiences 5-7 in which students discussed their knowledge of normal child development. As a follow-up lab experience, have students observe a child with special needs and notice differences in the rate of development.

QUIZZES: Have students prepare true-false quizzes on other areas of child development. Students might review their child development textbook to prepare the quizzes. In class provide time for students to exchange quizzes and check their knowledge of other areas of child development.

OBJECTIVE

Explain the importance of conducting systematic observations of each child's development.

CIRCULAR RESPONSE: Conduct a circular response discussion on the importance of and reasons for conducting systematic observations of each child's development. [NOTE: To conduct a circular response discussion, arrange the group in a circle. Appoint one or two students to listen and take notes during the discussion. Each person in the circle has one minute to speak on the topic. One person begins and the discussion goes around the circle so that each has a chance to speak. No one may speak out of turn. The discussion may go around the circle several times. Set a time limit for ending the group's discussion. Students may during their turn add new thoughts, support someone else's idea, pass, or ask for a minute of silence in which to think about the topic. After the discussion has ended, have the note-takers compile all the ideas and read them back to the group for evaluation.] A handout could be prepared after this discussion.

TRANSPARENCY: Show students Transparency 6 which lists goals for the observation of young children. KEY QUESTIONS: Why is it important to have a goal or goals in mind before conducting an observation? How do observations benefit the child? How do observations benefit the child caregiver? What other goals for observing young children can you think of?

FLIP CHART: Use a flip chart to accompany a discussion of what is meant by "systematic observations." [PREPARATION: Using a newsprint tablet or poster boards prepare a flip chart with the following questions on each page as designated:

Page 1. What are "systematic observations"?
Page 2. What do we want to know about a child's physical and motor development?
Page 3. What do we want to know about a child's cognitive or intel-
intellectual development?
Page 4. What do we want to know about a child's language development?
Page 5. What do we want to know about a child's social and emotional development?
Page 6. What do we want to know about a child's health?
Page 7. How frequently should a child be observed to gather information in each of these areas?
Page 8. What role do accurate records play in systematic observation?]

In class, discuss each of the questions in turn. Record students' responses to each question on each page of the flip chart just below the question. Point out to students that systematic observations cover all areas of development and are conducted at frequently scheduled intervals. Accurate record keeping also plays an important role in observations of children's development.

OBJECTIVES

Use a variety of observation techniques to gather objective data about a child's development.

Discuss ethical considerations in observing children.

HANDOUT: Give students a copy of Handout 12 which lists some tips for observing young children. The perspective taken is that of the caregiver, not the visiting student. Discuss each tip and the reason that it facilitates observation. KEY QUESTIONS: Is it possible to find time to observe children? How can caregivers who do not have an aide or helper in their room free themselves long enough to conduct observations? What alternatives can you suggest? What ethical issues are associated with the observation of young children?

GAME: Involve the students in a game to give them practice in identifying objective and subjective statements. Before you begin write three examples of objective and subjective statements on the chalkboard. You might use the following examples:

OBJECTIVE STATEMENTS

1. Danny took the book from the shelf. He smiled as he turned the pages.
2. Terri looked at the rattle for several seconds then reached for the rattle. Her clutched hand landed several inches to the left of the rattle.

3. Georgio put sand into the bucket, packing it down with the spoon. He continued to fill and pack the sand until the bucket was full.

SUBJECTIVE STATEMENTS

1. Danny loves to read. He is so careful with the books.
2. Terri is uncoordinated still and can't seem to aim her hand in the right direction.
3. Georgio never does anything except play in the sandbox.

Ask the students to study the statements and explain why they are objective and subjective. Point out that objective statements are somewhat like taking a picture or making a film, only the actual events are recorded. More than one person can read an objective observation and still know exactly what happened. In the subjective statements it is not clear what happened, only what the recorder thinks about the child is revealed.

To play a game, have each student write on a note card in large letters the word "OBJECTIVE" and on another card the word "SUBJECTIVE." Have each student write on separate note cards one example of an objective statement and one example of a subjective statement involving the observation of a young child. Collect the example cards. Mix the cards and read them to the class. After you read each card ask students to indicate whether the example just read was objective or subjective. Students do this by holding up their word card which they think identifies the statement. Notice when students fail to make a proper identification and then give an explanation about what makes the statement either objective or subjective.

CHART: Develop a chart through class discussion about the advantages and disadvantages of various observation recording techniques. Conduct this activity after students have completed Lab Experiences 8-12 in which they applied observation skills using various recording techniques. On the chalkboard draw a chart similar to the illustration below:

Observation Recording Technique	Advantages	Disadvantages
Anecdotal Record		
Running Record		
Time Sampling		
Event Sampling		
Developmental Check Lists		

Review each of the techniques and discuss the advantages and disadvantages of each. Advantages might cover possible benefits and applications of the various techniques. Disadvantages might summarize the problems associated with the techniques or their limitations.

DISCUSSION: Divide the class into small groups. Give groups discussion questions about issues associated with ethics in observing and recording of children's behavior. You might put some of the following questions on handouts or note cards to distribute among the groups:

- Is it ethical for a caregiver to pass records about a child to the child's caregiver in the next age group? Why?
- If a child goes to another child care facility or to public school, is it ethical for the caregiver to share information about the child with the child's new caregiver or teacher? Why?
- Is it ethical for a caregiver to discuss a particular problem she or he may be having with a child with a consultant? Why?
- If a consultant is brought in to observe a child, must the parents give consent first? Why?
- What would you do if another caregiver started talking about a child in front of other children?
- Is it ethical to discuss a child's behavior with a close friend or relative? Why?
- Should parents be allowed to see all of the records and notes in their child's folder? Why?
- If someone not associated with the child care center should ask a caregiver about a particular child in his or her room what should the caregiver say?
- Is it ethical for a caregiver to complain to other caregivers about how some of the parents treat their children? Why?

Have the groups share their discussions. KEY QUESTIONS: What other questions associated with the ethical aspects of observation might you ask?

OBJECTIVE

Become familiar with various screening instruments or programs.

SURVEY: Involve students in a survey of local child care programs and social service agencies to identify the types of screening instruments and programs used in your community. If possible, obtain sample copies of instruments used or invite persons familiar with the instruments to speak to your class. KEY QUESTIONS: Do most preschool children in your community go through some sort of screening process before they reach elementary school? What areas of development are screened by each of the programs or agencies you contacted? What type of child care program is likely to be involved in screening in your community (church-affiliated, Head Start, Title XX, proprietary, etc.)? For what reasons should all child care programs use some type of formal screening instrument?

HANDOUT: Give students a copy of Handout 13 which lists several sources of commercial screening instruments which might be appropriate for child care programs. Have students write to some of these distributors and obtain information about these screening instruments. Some distributors may send complimentary sample copies or sell sample copies at a low cost.

CHART: Have students develop a chart for recording information about various screening instruments. Ask students to investigate five screening instruments and complete the information on the chart. [NOTE: Descriptions of various instruments can be found in *Mainstreaming in Early Childhood Education* by Eileen Allen, *Screening Growth and Development of Preschool Children: A Guide for Test Selection* by Sharon Stangler, et al., and *When you Care for Handicapped Children* published by the Texas Department of Human Resources.] The charts should include the following information on each screening instrument:

Name of Instrument:
For Ages:
Can Be Given By:
Available From:
How to Use:

Advantages:
Disadvantages:

Students may wish to record this information on 5x8 inch note cards, one instrument per card. In class provide time for students to share information about the various screening instruments, how they can be used, and the advantages and disadvantages of each. KEY QUESTION: What criteria should a child care program director consider when selecting a screening instrument?

TRANSPARENCY: Show students Transparency 7 which lists questions to ask when choosing a screening instrument. KEY QUESTION: Why is it important that the screening instrument be designed for screening as opposed to assessment? Do you think most child caregivers have the skills to administer a screening instrument after some training? Why is it important to involve parents? In what ways might parents be involved in the administration of a screening instrument? Why is it necessary to evaluate time, staff, and costs which would be required? What other questions might you need to ask before purchasing a screening instrument?

DEMONSTRATION: Invite a guest speaker to visit your class and demonstrate the use of a screening instrument. Have the speaker explain the screening instrument, how it is to be used with children, skills necessary to administer the instrument, etc. Select a speaker who has had experience in this area. The speaker might also share tips on giving screening tests and evaluating the results. KEY QUESTIONS: Why is it important to carefully follow the directions on the instrument? Should caregivers evaluate the results of a screening test or should this be done by other professionals? Why? [NOTE: If you are unable to find a guest speaker, you might demonstrate the use of a screening instrument yourself.]

DISCUSSION: Discuss with students some of the following questions related to screening. KEY QUESTIONS: How are the results of a screening instrument to be interpreted? Why might it be possible to make a mistake in evaluating the results of a screening instrument by failing to identify a child who might have special needs or identifying a child as having special needs when in fact the child is developing normally? What can be done to avoid such errors? Explain the importance of using more than one screening method. That is, using a formal screening instrument along with other observation techniques such as those introduced earlier in this unit. Also point out that any time a screening instrument shows that a child may have a problem, it is best

to wait a week and give the instrument again. On the day of testing children may be sick, worried, or otherwise having a bad day and not do as well. Again emphasize the results of a screening instrument do not constitute a diagnosis.

Assessment

OBJECTIVE

Define the role of the caregiver in the assessment process focusing on what caregivers *do not do.*

TRANSPARENCY: Show students Transparency 8 which describes the assessment process. Discuss with the class the purpose of the assessment, the importance of a multidisciplinary team, the methods used by the team to gather information, and the resulting diagnosis. KEY QUESTIONS: What role do child caregivers play in the assessment process? Why do caregivers not have the right to diagnose a child's handicap? Point out that caregivers are usually instrumental in making the referral and alerting parents to a possible special need.

ROLE PLAY: Arrange for students to role play a referral conference between parents and a caregiver. Provide supporting materials such as a description of the child, copies of a mock screening instrument, observations, etc. Also assign roles to parents, some being more cooperative than others so that students can practice responding to parents with different attitudes. Have one student observe the role play and evaluate the skills of the student playing the caregiver. KEY QUESTIONS: What feelings did you experience as the caregiver? Were you able to avoid labeling or diagnosis of the child's problem as the caregiver? Were you able to explain to parents why you felt other professionals should evaluate the child when you played the caregiver? What happens if the parents simply refuse to have their child evaluated? What responsibilities does the caregiver have in this situation?

HANDOUT: Give students a copy of Handout 14 which is a chart comparing screening to assessment. Have students complete this chart after a discussion or after they have completed their readings on screening and assessment. Have students contrast the role of the caregiver in screening and assessment. Again point out to students that caregivers are not trained to confirm a special need or to evaluate the nature of that special need. Does your community have an agency which coordinates information between agencies providing services?

OBJECTIVE

Identify agencies in the community to which referrals can be made should a child appear to need an assessment.

FILE: Have students develop a referral file. The file can be organized in two sections. One section contains cards in alphabetical order of all the agencies in the community which might offer services to handicapped or special needs children and their parents. The second section contains cards organized by the type of services offered. For example one card might be titled "Hearing Tests"

and list all the agencies in the community where such tests are given. Cards in the first section describing the various agencies might look similar to the following illustration:

Name of Agency:_____ Phone:_____

Address:_____

Contact Persons:_____

Services Offered:_____

Eligibility Requirement:_____

Possible Costs:_____

Other Information:_____

Be sure to check with local agencies to see if there is already a directory available from which students can prepare their files. If no such list exists, have students divide the work of contacting the various agencies and obtaining information to share with other class members. KEY QUESTIONS: How often should you check the accuracy of the information on your cards? Why is a referral file more useful than a directory or list? Why might it be important to include the name of a contact person?

DISCUSSION: Invite students to discuss their visits to community agencies offering services to the handicapped which they did for Lab Experience 14. Provide time for students to share their information. KEY QUESTIONS: Do most agencies have multiple purposes and offer a variety of services or do most agencies seem to

have a single purpose and service? Explain. Do you think services between agencies should or should not overlap? Why?

GUEST SPEAKER SERIES: Invite professionals involved in assessment of special needs children to visit the class throughout the semester. Ask the speakers to describe their work, their background and training, how they work with caregivers and other professionals concerned with the child, etc. KEY QUESTIONS: Why are parents and caregivers not qualified to assess a child's special need(s)? How can caregivers and parents support the professionals who conduct such assessments? What is done after an assessment has been made?

OBJECTIVE

Discuss the advantages and disadvantages of categorizing children with special needs (i.e., labeling.)

TRANSPARENCY: Use Transparency 9 as the basis for a discussion of meanings or connotations associated with labels. Discuss each of the labels. Ask the class to suggest meanings or connotations associated with each label. Write the meanings suggested on the transparency. KEY QUESTIONS: How do words such as these come to have positive or negative connotations? What effect do these labels have on the child? How do these labels affect parents and child caregivers?

DISCUSSION: Divide the class into small groups. Provide each group with a set of contrasting quotations about the advantages and disadvantages of labeling. Ask the group members to discuss the quotations and whether they agree or disagree with the statement. After the groups have discussed their quotations, provide time for the groups to share. Some of the following sets of contrasting quotations might be used:

SET I

1. "Categories and labels are powerful instruments for social regulations and control, and they are often employed for obscure, covert, or hurtful purposes: to degrade people, to deny them access to opportunity, to exclude 'undesirables' whose presence in some way offends, disturbs familiar custom, or demands extraordinary effort." (Hobbs, N. *The Futures of Children: Categories, Labels, and Their Consequences.* San Francisco: Jossey-Bass, 1974, pp 5-17)

2. "Categories and labels may open up opportunities for exceptional children, facilitate the passage of legislation in their interest, supply rallying points for volunteer organizations, and provide a rational structure for the administration of governmental programs." (bid.)

SET II

1. "Labeling a child can have disastrous effects. Often the child's program is planned on the basis of stigmatic label.

Thus, the child becomes what the label implies." (Allen, K.E. *Mainstreaming in Early Childhood Education,* Albany, NY: Delmar, 1980, p. 59)

2. "Many of the labels and categories now used in education are the results of an attempt to distinguish various handicaps through research in medicine and psychology. But their use has not been so much to help children learn more efficiently or adjust better to the world around them as it has been to simplify information for administration of services, for placement or grouping of individuals, and for legislation." (Haring, N.G., (ed.), *Behavior of Exceptional Children: An Introduction to Special Education.* Columbus, OH: Charles E. Merrill, 1978, p. 3)

SET III

1. "A diagnostic label may also have negative effects in the way an individual is perceived by others. In the case of the special child, a diagnostic label may lead parents and teachers to form negative perceptions of the youngster. . . Eventually, a label may lead the child to develop negative perceptions of the self as worthless or helpless and needing the continuous support and assistance of others." (Suran, B. and Rizzo, J. *Special Children: An Integrative Approach.* Glenview, IL: Scott, Foresman and Company, 1983, p. 54)

2. "But proper labeling, or diagnosis, is critical to effectively meeting the needs of handicapped children. What would be accomplished by *not* identifying and labeling an impaired child? Not only could frustrations ensue for teacher, child, or others involved, but there would be no chance to build a program which utilized the child's strengths and abilities to effect learning and improve his or her self-image. Many of the arguments against labeling are really addressed to *mislabeling.*" (author's italics.) (Klein, J. "Mainstreaming the Preschooler." *Young Children,* Vol. 30, No. 5, 1975, pp. 317-326)

POSTER: Have groups of students work together to develop a poster or other visual to contrast the advantages and disadvantages of labeling. Use this activity to summarize what students have thus far discussed about labeling issues. KEY QUESTIONS: As a child caregiver, how would you use labels? Do you think the advantages of labeling outweigh the disadvantages of labeling? Why?

The Caregiver's Role in Screening and Assessment Unit II Test

DIRECTIONS

For Items 1-17, select the letter of the word or phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ A parent reads in the list of the child care center's stated goals and objectives that all children will be screened. Not sure of what this means the parent asks a caregiver. The caregiver needs to explain that screening is
   A. the process by which children in the center are placed in the group which best meets their developmental needs.
   B. a systematic process whereby children who might have special needs can be identified for referral.
   C. a method to assign a learning styles label to each child so that caregivers can plan more effectively.
   D. a way to determine whether the child can benefit from out-of-home care.

2. _____ "Child Find" programs
   A. are an option open to states who choose to provide services to the handicapped.
   B. can guarantee that all children with handicaps will be found.
   C. are usually organized and implemented by local child care facilities.
   D. are state funded efforts to locate all children who could benefit from services to the handicapped.

3. _____ The child care center with the most effective screening program is
   A. Center A. Center A's screening program consists of an annual checkup by a physician who visits the center one day.
   B. Center B. Center B's screening program consists of the use of an informal parent questionnaire and informal observations by caregivers.
   C. Center C. Center C's screening program consists of a formal screening instrument given once a year.
   D. Center D. Center D's screening program consists of caregiver observations, a developmental check list used monthly, and a formal screening test done by parent volunteers.

4. _____ Children and infants "at risk" have a higher chance of developing handicaps. Such children are likely to
   A. come from a low income family with poor nutritional habits.
   B. have experienced a normal birth at full term.
   C. have parents who did not take prepared childbirth classes.
   D. have a mother who avoided the use of drugs and alcohol during pregnancy.

5. _____ In the sequence of gross motor development the behavior which is likely to appear first in the following sequence is
   A. sit in a high chair.
   B. crawl.
   C. stand alone.
   D. walk with help.

6. _____ By the time a child is 18 months old, the child should be able to
   A. use two-word sentences.
   B. use pronouns correctly.
   C. use nearly 50 words correctly.
   D. understand the meaning of position words such as "over" and "under."

7. _____ Observation notes by a caregiver read: "Martin, Rebecca, and Olivia are playing picture dominoes. I notice that Martin gets mad when he doesn't have anything to play when it is his turn. He tries to break the rules by playing a domino where it doesn't belong. The girls protest, they don't like playing with Martin very much." In this observation the caregiver
   A. should have omitted the children's names.
   B. has failed to separate facts from interpretations.
   C. should have focused on all aspects of child development.
   D. has recorded the facts in an objective way.

8. _____ When a caregiver observes children it is a good idea to
   A. be largely free from caregiving responsibilities.
   B. write notes after the observation, instead of taking notes while observing.
   C. tell the children they are being watched to see who might need some special help.
   D. sit as close to the children as possible in order to observe details.

9. _____ When a new handicapped child comes into the class, a caregiver wants to evaluate the child's social skills. Using a chart listing basic social skills, the caregiver checks which skills are observed. The caregiver observes the child for five minutes every half-hour during the first day. This type of observation recording technique is known as
   A. an anecdotal record.
   B. a running record.
   C. time sampling.
   D. events sampling.

10. ____ Ms. Diaz says to another caregiver, Mr. Harris, "I have two children in my class who seem to always be tattling on the other children. I have been working with them and they seem to be getting better. I wish I could document if their behavior is improving. The recording technique Mr. Harris might correctly suggest to help Ms. Diaz find out if the children's behavior is improving is
A. an anecdotal record.
B. a running record.
C. time sampling.
D. events sampling.

11. _____ It is considered unethical for caregivers to
A. lock observation records in a file cabinet.
B. let parents see all the notes, records, and test results in their child's folder.
C. discuss a problem that a caregiver is having with a specific child with the program director.
D. discuss a child's development with someone who knows the child's family and is not associated with the child care center.

12. ____ When selecting a screening instrument it is important to
A. select an instrument that is designed to diagnose a child's disability.
B. find out if it can be given by caregivers with a minimum amount of training.
C. choose an instrument which focuses on only one area of child development.
D. select an instrument that can be given to a group of at least 10 children at a time.

13. _____ In the assessment process caregivers *do not*
A. share observations.
B. diagnose the child's handicap.
C. make referrals for parents needing assessment for a child.
D. request information about an assessment.

14. _____ After observing a new child with an identified handicap in the class, a caregiver feels that the child may not be handicapped. It was later discovered that an error had been made in the assessment. Of the following facts associated with the case the one which contributed the most to the misdiagnosis was probably:
A. The child was found to have a possible problem as a result of the screening program conducted at the child care center.
B. The parents were convinced that "something was wrong" with their child.
C. The caregiver was interviewed by the person conducting the assessment about the child's behavior.
D. The assessment was based on the work of one individual– a child psychiatrist utilizing one test.

15. _____ Assessment is different from screening in that
A. child caregivers make the diagnosis.
B. only one assessment instrument is used.
C. the child's handicap is identified.
D. the parents are not usually directly involved.

16. _____ Labeling or categorizing a child's handicap may be useful in that
A. it makes the child eligible for services.
B. the child's self-concept is enhanced.
C. it gives caregivers a clear idea of how to treat the child.
D. the parents will know what kind of school is appropriate for their child.

17. _____ Labeling or categorizing a child's handicap may be harmful in that
A. children sometimes come to act as they are labeled.
B. professionals have a short-hand method of communication.
C. it makes administration of handicapped services easier.
D. caregivers have an idea of where to begin studying about a child's handicap.

DIRECTIONS

For Items 18-20, write a short essay.

18. What three reasons can you give for screening young children in the child care program?

19. What are the basic differences between screening and assessment and the role of the child caregiver in each?

DO NOT FILM THIS PAGE

20. If you needed to refer parents to a specialist to assess their child's speech development, what agencies in your community could provide this service? Describe the other services offered by the agency, eligibility requirements, and possible costs.

Performance Objectives

Understanding Special Needs Unit III

Hereditary and Environmental Factors

- Explore the role of hereditary and environmental factors which contribute to special needs in children.

The Nature of Special Needs

- Analyze the nature of mental retardation in young children.
- Analyze the nature of learning disabilities in young children.
- Analyze the nature of sensory handicapping conditions in young children.
- Analyze the nature of physically handicapping conditions in young children.
- Analyze the nature of communication handicapping conditions in young children.
- Analyze the nature of behavioral handicapping conditions in young children.
- Analyze the nature of giftedness in young children.

References

HEREDITARY AND ENVIRONMENTAL FACTORS

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Craig, Grace J. *Human Development.*

Haring, Norris G. (ed.). *Behavior of Exceptional Children: An Introduction to Special Education.*

Laycock, Frank. *Gifted Children.*

Lilly, Stephen M., (ed.). *Children with Exceptional Needs.*

Smith, Robert M., et al. *The Exceptional Child: A Functional Approach.*

Suran, Bernard G. and Rizzo, Joseph V. *Special Children: An Integrative Approach.*

THE NATURE OF SPECIAL NEEDS

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Alonso, Lou, et al. *Mainstreaming Preschoolers: Children with Visual Handicaps.*

Bigge, June L. *Teaching Individuals with Physical and Multiple Disabilities.*

Cegelka, Patricia T. and Prehm, Herbert J. *Mental Retardation: From Categories to People.*

Clark, Barbara. *Growing Up Gifted: Developing the Potential of Children at Home and School.*

Fallen, Nancy H. and McGovern, Jill E. *Young Children with Special Needs.*

Froehlinger, Vira J. *Today's Hearing Impaired Child–Into the Mainstream of Education: A Practical Guide for Preschool and Elementary Teachers, Parents, and Administrators.*

Gerlach, Kent. *Activities for Involvement: In-Service Ideas for Attitudinal Change and Awareness.*

Haring, Norris G. (ed.). *Behavior or Exceptional Children: An Introduction to Special Education.*

Healy, Alfred, et al. *Mainstreaming Preschoolers: Children with Health Impairments.*

Heward, William and Orlansky, Michael D. *Exceptional Children.*

Hyden, Alice H., et al. *Mainstreaming Preschoolers: Children with Learning Disabilities.*

Jordon, June B., et al. *Early Childhood Education for Exceptional Children.*

NOTE: Complete citations can be found in the Bibliography at the end of this guide.

LaPorta, Rita Ann, et al. *Mainstreaming Preschoolers: Children with Hearing Impairments.*
Lasher, Miriam G., et al. *Mainstreaming Preschoolers: Children with Emotional Disturbance.*
Laycock, Frank. *Gifted Children.*
Liebergott, Jacqueline, et al. *Mainstreaming Preschoolers: Children with Speech and Language Impairments.*
Lilly, Stephen M. (ed.). *Children with Exceptional Needs.*
Lynch, Eleanor W., et al. *Mainstreaming Preschoolers: Children with Mental Retardation.*
Marsh, George E. *Teaching Mildly Handicapped Children: Methods and Materials.*
Meadow, Kathryn. *Deafness and Child Development.*
Mercer, Cecil D. *Students with Learning Disabilities.*
Moore, Byron C., et al. *A Dictionary of Special Education Terms.*
Reinert, Henry R. *Children in Conflict: Educational Strategies for the Emotionally Disturbed and Behaviorally Disordered.*
Roedell, Windy C., et al. *Gifted Young Children.*
Safford, Philip L. *Teaching Young Children with Special Needs.*
Scott, Eileen P. *Your Visually Impaired Student: A Guide for Teachers.*
Smith, Robert M., et al. *The Exceptional Child: A Functional Approach.*
Stokes, Shari K., et al. *Mainstreaming Preschoolers: Children with Orthopedic Handicaps.*
Suran, Bernard G. and Rizzo, Joseph V. *Special Children: An Integrative Approach.*
Texas Department of Human Resources. *When You Care for Handicapped Children.*

HEREDITY AND ENVIRONMENT

Alcohol: Crisis for the Unborn.
DNA: Blueprint of Life.
DNA: The Thread of Life.
The Fabric of Life.
From Generation to Generation: Genetic Counseling.
Genetics: How Life Remakes Life.
Inside My Mom.
The One of Us.
Unfinished Child.

MENTAL RETARDATION

Assessing a Young Child: Identifying Special Needs and Capacities.
Children of Hope. (Down Syndrome)
Children with Handicaps: What Makes them Special. Set Three: *Intellectual Disabilities.*
Cry Sorrow, Cry Hope.
First Steps.
Hewitt's Just Different.

I'm Not Too Famous at It. (learning disabilities)
It Could Have Been Your Child. . . Your Brother. . . Your Sister.
Let Me Try.
Mental Retardation: The Hopeless.
My Brother David. (mental handicaps)
People You'd Like to Know: Paige. (Down Syndrome)
Sara Has Down's Syndrome.

SENSORY HANDICAPPING CONDITIONS

Before We Are Six. (vision screening)
Crossraods at 4. (vision)
Deaf Like Me!
For You, Mr. Bell. (hearing)
Helen Keller.
Helen Keller in Her Story.
Including Me.
It's Okay to be Deaf, Denise.
Julia (Critical Moments in Teaching Series: Hearing)
The Lazy Eye.
Mandy. (hearing)
My Friends Call Me Tony. (vision)
Nicky: One of My Best Friends. (vision)
Pay Attention: Problems of Hard of Hearing Children.
People You'd Like to Know: Elizabeth. (vision)
People You'd Like to Know: Harold. (vision)
Sunday and Monday in Silence.
To Climb a Mountain. (vision)
The Truly Exceptional Virl and Tom Osmond. (hearing)
The Vision of the Blind.
What Color is the Wind? (vision)

LEARNING DISABILITIES

Children with Handicaps: What Makes them Special. Set Four: Educational and Language Disabilities.
The Exceptional Child. (brain-damage)
Hidden Handicaps.
In a Class. . . All By Himself. (hyperkinesis)
The Invisible Handicap.
It Feels Like You're Left Out of the World.
Joey: The Autobiography of Joey Deacon. (brain-damage)
Old Enough but Not Ready: Early Recognition of Learning Disabilities.
To Laugh, To Play, To Learn.

PHYSICAL HANDICAPPING CONDITION

Am I Being Realistic? (Cerebral palsy)
Children with Handicaps: What Makes Them Special, Set Two: Physical Disabilities.
Gravity Is My Enemy
He's Not the Walking Kind.
I Can Do It (Like You, Like Me Series).

I'll Find A Way: Growing Up Handicapped, Toward a New Awareness of What It Means to Be Handicapped. (Spina Bifida)
It's Up To Me (Like You, Like Me Series). (Asthmatic condition)
Like Ordinary Children. (Spina Bifida)
Like Other People. (Cerebral palsy)
Nicky: One of My Best Friends.
Nobody Treats Me Different (The Best of Zoom Series).
People You's Like to Know: Dee.
People You'd Like to Know: John. (Cystic fibrosis)

COMMUNICATION HANDICAPPING CONDITIONS

Children with Handicaps: What Makes Them Special, Set Four: Educational and Language Disabilities.
People You'd Like to Know: Kat. (Cleft lip and palate)

BEHAVIORAL HANDICAPPING CONDITIONS

Because They Love Me. (Emotional and psychological abuse)
Children with Handicaps: What Makes Them Special, Set One: Behavioral and Emotional Disabilities.
Jamie: A Behavioral Approach to Family Intervention.
Let's Be Friends. (Emotional disturbances)
A Minority of One. (Autism)
People You'd Like to Know: CJ. (Social and emotional disturbances)
Raised In Anger: A Special Program on Child Abuse.
Shyness.
Time's Lost Children. (Autism)

GIFTED AND TALENTED

Gifted Ones.
Understanding the Gifted.

Suggested Classroom Experiences

Hereditary and Environmetal Factors

OBJECTIVE

Explore the role of hereditary and environmental factors which contribute to special needs in children.

TRANSPARENCY: Show students Transparency 10 and discuss the various factors which can contribute to special needs in children. Point out that the exact cause of a child's handicap is not usually known. Often, there are multiple causes both hereditary and environmental in nature. Point out to students the difference between prenatal and hereditary factors. KEY QUESTIONS: In what ways can hereditary factors be minimized? In what ways can environmental factors be minimized? Why is it useful for child caregivers to understand the possible causes of birth defects? Are the parents to blame if they have a special needs child? Why? Why is it important for caregivers to avoid blaming parents?

FILM: Show a film on the function and role of DNA. The film should show the relation of DNA to genes and chromosomes, and how malfunctions can lead to birth defects. [NOTE: See list of suggested films at the beginning of the unit. If it is appropriate for your students, you may want to explain in more detail the processes of mitosis and meiosis.]

POSTERS: Have students develop posters which list things that a pregnant woman should and should not do in order to help ensure that she has a healthy baby. For example, one column on the poster might be titled "Good Ideas" and list factors which promote the health of the baby such as eating a well balanced diet, getting prenatal care early in the pregnancy, or receiving genetic counseling, if needed. The other column might be titled "Bad Ideas" and list things that the pregnant woman should avoid such as drugs, alcohol, smoking, and X-rays. KEY QUESTIONS: When should a woman begin preparing her body for having children? What role can a father play in ensuring that his baby will have the best of prenatal care? What can caregivers do to prepare young children for their future as mothers and fathers?

TRANSPARENCY: Show students Transparency 11 and discuss these known causes of birth defects. KEY QUESTIONS: Are these causes hereditary or environmental? Why do these factors affect the fetus and subsequently the child? How do the drugs and diseases reach

the fetus? What level of alcohol consumption or smoking is safe for the fetus? What can be done to avoid contracting rubella? What kinds of drugs should be avoided by the pregnant woman?

LECTURE: Write on the chalkboard the following quotation from the March of Dimes pamphlet "Unprescribed Drugs and Birth Defect Prevention":

> "Any drug, no matter how safe and reliable under other circumstances, could turn out to be harmful to a specific unborn child in a specific mother at a specific time."

Discuss the meaning of the statement with the class. Point out that even prescribed drugs are not always safe, even if authorized by a physician. Review the tragic circumstances surrounding the drug thalidomide which was widely prescribed by physicians in Europe and Canada during the 1960s. [NOTE: Check one of the references listed at the beginning of the unit for detailed information.]

GUEST SPEAKER: Invite a representative of the March of Dimes to visit the class, distribute literature, and perhaps show a film on the prevention of birth defects. [NOTE: Several films are available for loan in most March of Dimes chapter offices. Films include *Alcohol: Crisis for the Unborn; Unfinished Child;* and *Born Hooked.* Filmstrip or slides and cassette series include *Genetic Counseling, Inside My Mom*, and *The One of Us.*] As a follow-up activity have students prepare some true-false quizzes based on the information given to them in the literature by the March of Dimes representative.

OBJECTIVE

Analyze the nature of mental retardation in young children.

DISCUSSION: Assign students to bring to class a definition of mental retardation from a textbook or journal article. In class, have students write these definitions on the chalkboard and discuss them. Contrast definitions pointing out shared and differing meanings. Read the definition accepted by the American Association on Mental Deficiency which is given in the *Student Laboratory Manual* overview for this unit. KEY QUESTIONS: How does the definition accepted by the Association on Mental Deficiency compare to these other definitions? Why is it important that both a low IQ score and deficiencies in adaptive behavior be present before mental retardation can be diagnosed? How can a distinction between the "mentally retarded" and the "culturally different" be made?

FILM: Share a film with students which will increase their awareness of mentally handicapping conditions. Before and after the film have students answer the question "Who are the mentally retarded?" Ask students to discuss how the film changed what they thought about the mentally retarded. [NOTE: Several films are listed at the beginning of the unit.]

HANDOUT: Give students a copy of Handout 15 which shows the various degrees of mental retardation as defined by the American Association on Mental Deficiency. Discuss the characteristics of the degrees of mental retardation. Point out that most persons diagnosed as mentally retarded fall into the mildly retarded category. KEY QUESTIONS: In the mainstreamed child care program, which type of mentally retarded children will most likely be served? Why do you think that mildly retarded children are usually identified in the elementary school years? Do you think this is true today with increasing numbers of children involved in preschool child care programs?

HANDOUT: Give students a copy of Handout 16 which highlights some facts about the mentally retarded. Find out how many of the students in your class have some direct involvement with mental retardation in their family. KEY QUESTION: Though mental retardation can strike any family, families of low socioeconomic status are at a greater risk of producing mentally retarded children than families at other socioeconomic levels. Why might this be so?

REPORTS: Assign interested students to report to the class about the measurement of intelligence or IQ. KEY QUESTIONS: How is IQ measured? Why have IQ tests been controversial? What exactly are these tests trying to measure? Is an IQ score alone enough to diagnose a mentally handicapping condition? Why? What IQ tests are most commonly used with young children? [NOTE: As a follow-up activity you might arrange for students to observe a young child receiving an IQ test or to receive an IQ test themselves.]

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with the mentally retarded. Organizations to write to include: American Association on Mental Deficiency, Council for Exceptional Children, International League of Societies for the Mentally Handicapped, and Association for Retarded Citizens. Most of these organizations will send free information as well as a list of low-cost publications. Suggest that students begin a resource file for collecting information about mental retardation. Such a file will also be a valuable resource for parents. [NOTE: Addresses can be found on the publishers list at the back of this guide.] KEY QUESTIONS: According to the information you received, what are the purposes of these various organizations? Why are such organizations important to those concerned with mentally retarded children? Which of these organizations could child caregivers join?

CHECK LIST: Give students a copy of the check list on Handout 17 which lists behaviors to notice when looking for signs of possible mental retardation. Ask students to study the behaviors in each category. KEY QUESTIONS: How long would you need to care for a child before you could complete this informal check list? How can you distinguish behaviors which might be caused by

mental retardation from those caused by cultural or individual differences? Why is it important for caregivers to be able to spot the signs of possible mental retardation? Why should such informal check lists never be used as a basis for assessment of a child's special needs? Why is it a good idea to report your concerns about a child to the program director as well as to parents?

DISCUSSION: Divide the class into small groups. Ask each group to discuss Lab Experience 15 in which students observed a mentally retarded child. Have the members of the group make a list of the special needs shared by each of the children observed. Next, have the group members make a list of ways that these children are more alike than different from their age-mates. Provide time for groups to share their discussions.

TRANSPARENCY: Show students Transparency 12 which lists some concepts that need to be remembered by caregivers who work with mentally retarded children. KEY QUESTIONS: Why is learning easier when broken down into steps? Give an example of something you learned slowly, in a step-by-step manner. Why do you think behavior modification techniques are especially effective with the mentally retarded? How do caregivers encourage the right amount of independence in the mentally retarded child without causing frustration? What is the relationship between a child's self-concept and what the child thinks others think of him or her?

RESEARCH: Give interested students a library research assignment. Ask them to find out what the phrase "the six-hour retarded child" means and report their findings to the class. [NOTE: This phrase is in the title of a famous report by the President's Committee on Mental Retardation, *The Six-Hour Retarded Child*, 1970. The committee reported that many children labeled mentally retarded by the schools functioned quite well outside the academic setting.]

CHARTS: Using poster board or newsprint tablets, have small groups of students prepare charts on one of the mental retardation disorders. Disorders to research include: Down's syndrome, fetal alcohol syndrome, brain damage associated with rubella, phenylketonuria (PKU), and cretinism or congenital hypothyroidism. Student's charts might look similar to the illustration on the following page.

Name of Disorder
Description:
Possible Causes:
Possible Associated Conditions:
Prevalence (How common?) :
Suggested Treatments:
Educational Implications:

The Nature of Special Needs

OBJECTIVE

Analyze the nature of learning disabilities in young children.

FILM: Share a film with students which will increase their awareness of learning disabilities. Before the film ask students to write a definition of learning disabilities. After the film, have students revise their definition. [NOTE: Several films are listed at the beginning of the unit.]

DISCUSSION: Have students compare the definitions of *mental retardation* and *learning disabilities*. These can be found in the overview to this unit in the *Student Laboratory Manual*. KEY QUESTION: How is mental retardation different from learning disabilities? On the chalkboard make a list of the differences as they are discussed. For example, mental retardation refers to overall slowness in development while learning disabilities usually affect only one or two areas of development related to learning ability.

TRANSPARENCY: Show students Transparency 13 which lists *some* of the traits associated with learning disabilities. Point out that a learning disabled child may exhibit only a few of these traits. Also note that all children from time to time exhibit some of these behaviors. Discuss each of the traits listed. Ask students to give illustrations of these behaviors in children they have observed.

[NOTE: Explanations of each trait are as follows:

- *Impulsive*. Acts quickly before thinking; plans poorly; reckless; and has poor judgment.
- *Short Attention Span*. Cannot concentrate on a task as long as other children; changes activities often; frequently does not complete tasks.
- *Distractible*. Easily shifts attention when another stimulus occurs; cannot easily return to original task.
- *Hyperactive*. Generally moves around a lot; constantly distracted; talks a lot; can't seem to sit still for any length of time.
- *Unable to Follow Directions*. May hear and understand direction but quickly forgets; may not understand what was said.
- *Perseverative*. Repeats an activity over and over; may not know how to stop; does not change easily from one activity to another.
- *Awkward*. Much clumsier than other children of the same age; may bump into things and people frequently; may have both small and large motor coordination difficulty.
- *Hypoactive*. Does not seem as active as other children in the group; may appear sleepy or to move in slow motion.
- *Conflicts with Other Children*. Often has trouble getting along with others; may irritate other children in the class.
- *Handedness Not Established*. By age three or four child still has not established handedness; cannot use either hand well.]

KEY QUESTIONS: If a child exhibits several of these traits does it mean that the child is learning disabled? What other reasons might account for these behaviors in young children? Might some of these traits also be associated with other types of handicaps?

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with learning disabilities. Organizations to write to include: Association for Children and Adults with Learning Disabilities and the Council for Exceptional Children. Suggest that students begin a resource file for collecting information about learning disabilities that they obtain from these organizations. Such a file will also be a valuable resource for parents. [NOTE: Addresses can be found on the publisher's list at the back of this guide.] KEY QUESTIONS: According to the information you received, what are the purposes of these various organizations? Why are such organizations important to those concerned with learning disabilities? Which of these organizations could child caregivers join?

AWARENESS ACTIVITY: Involve students in an awareness activity to help them develop an understanding of what it might be like to have a learning disability. Possible activities include:

- Reading a mirror image
- Putting together a puzzle which has had one piece taken out
- Copying a drawing with dominant eye closed using non-dominant hand
- Being taught a difficult task by someone who teaches too fast

- Going to a department store and telling a clerk you are shopping for a small appliance, however, you are learning disabled and need to have the clerk explain the warranty card and operating instructions

Follow up the awareness activity with a discussion of how children with learning disabilities might feel. KEY QUESTIONS: Learning disabled children experience many failures. How can these experiences be minimized? What can happen if a child has too many failure experiences?

CHECK LIST: Give students a copy of the check list on Handout 18 which lists behaviors to check for when looking for signs of possible learning disabilities. KEY QUESTIONS: How long would you need to care for a child before you could complete this informal check list? Why is it important for caregivers to be able to spot the signs of possible learning disabilities? Why are such informal check lists never used as a basis for assessment of a child's special needs? Why is it a good idea to report your concerns to the program director as well as to the parents?

PUZZLE: Have students complete a crossword puzzle featuring terms associated with learning disabilities (Handout 19). Students can complete this puzzle after they have finished their assigned readings on this topic. [NOTE: The answers to this puzzle can be found in the answer keys at the back of this guide.]

DISCUSSION: Discuss students' observations of a learning disabled child which they made for Lab Experience 16. On the chalkboard prepare a chart with the following headings:

Motor Skills	Language Skills	Social Skills	Cognitive Skills

Have students summarize skills in each of these areas for each different child observed by the students in Lab Experience 16. KEY QUESTIONS: How are learning disabilities different for different children? Do these children have similar skills? In what ways are they like other children in the group?

OBJECTIVE

Analyze the nature of sensory handicapping conditions in young children.

HANDOUT: Give students a copy of Handout 20. Ask students to look up definitions for each of the terms listed. The last two terms, "central visual acuity" and "field of vision," will be a part of the definitions of partially sighted and blind. In class have students share their definitions. KEY QUESTION: If children are diagnosed as partially sighted or blind does this mean they

cannot see at all? Explain.

FILM: Show a film which will increase students' awareness of visually handicapping conditions. Before the film ask students to write a short essay titled, "How My Life Would Be Different If I Were Visually Impaired." After the film ask students to read their essays and evaluate how well they understand the life of a visually handicapped individual. KEY QUESTION: How have your attitudes or understanding of the visually handicapped changed as a result of seeing this film?

AWARENESS ACTIVITY: Involve students in an awareness activity to help them develop an understanding of what it might be like to have a visual disability. Possible activities include:

- Viewing the world through a pair of glasses covered with wax paper
- Being blindfolded and told to go somewhere without help
- Wearing a pair of glasses constructed out of paper towel rolls so that vision is similar to tunnel vision
- Reading very small print using a magnifying glass

Follow up the awareness activity with a discussion of how learning is different for the visually handicapped child. KEY QUESTION: What kinds of concepts are difficult for the visually handicapped child to gain?

TRANSPARENCY: Show students Transparency 14 which illustrates the way in which the eye works. [NOTE: Study one of the references at the beginning of the unit for a detailed explanation of how the eye works.] Discuss how various handicapping conditions affect the ability to see. Include conditions such as: myopia, hyperopia, astigmatism, retinitis pigmentosa, retrolental fibroplasia, cataracts, glaucoma, strabismus, and nystagmus. KEY QUESTIONS: Are persons with myopia, hyperopia, and astigmatism considered visually handicapped? Why?

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with visual impairments. Organizations to write to include: American Council of the Blind Parents, American Printing House for the Blind, Association for Education of the Visually Handicapped, National Association for Visually Handicapped, National Federation of the Blind, and Texas Society to Prevent Blindness. Most of these organizations will send free information as well as a list of low-cost publications. Have students add this information to their resource files for future reference. [NOTE: Addresses can be found on the publisher's list at the back of this guide.] KEY QUESTIONS: According to the information you received, what are the purposes of these various organizations? Why are such organizations important to those concerned with visual impairments? Which of these organizations could child caregivers join?

CHECK LIST: Give students a copy of Handout 21 which is a check list of possible signs of visual impairment. Ask students to note the

behaviors in each category. KEY QUESTIONS: How long would you need to care for a child before you could complete this informal check list? Why is it important to report your observations even if only one sign is observed?

DISPLAY: Prepare a display or demonstration of educational items used by the visually impaired. Include some of the following items: assorted magnifying glasses, a typoscope, large print typewriter, talking calculator or watch, large print books, braille books, and a Cranmer Abacus. Discuss how each of these items facilitates learning for the visually impaired. Also discuss some of the newest items such as the Optacon and the Kurzwell reading machine.

HANDOUT: Give students a copy of Handout 22 which lists some guidelines for caring for the child with a visual impairment. Discuss each of the points listed. KEY QUESTIONS: In what ways can the environment be arranged to facilitate independence and ease of movement for the visually impaired child? Of what significance is language in the life of a visually impaired child? In what ways will the guidelines on Handout 22 also enhance the education of normally-sighted preschool children?

DISCUSSION: Involve students in a discussion of Lab Experience 17 in which they observed the nature of a visual impairment in a preschool child. KEY QUESTION: How is blindness different from partial sightedness? Divide the class into groups to discuss this question. Be sure that students who observed both types of visual impairments are in each group.

RESEARCH: Ask interested students to research the validity of the statement: "Children who are blind are naturally gifted in the use of their other senses." Ask students to find out if this statement is true. If not, have them be prepared to explain why blind people often have superior use of other senses. [NOTE: Blind children do not naturally have better use of other senses than normally-sighted children. However, they come to rely on and use their other senses more fully than normally-sighted children.]

GUEST SPEAKER: Invite a represenative of the Texas Society to Prevent Blindness or other organization to visit the class, distribute literature, and perhaps, show a film or discuss prevention of blindness and screening for visual defects. [NOTE: The Texas Department of Health and the Texas Society to Prevent Blindness train volunteers to do vision/hearing screening. Students might be given the optional assignment of participating in such training.]

TRANSPARENCY: Show students Transparency 15 which shows how hearing impariments are defined. The four designated levels are those recommended by the Conference of Executives of American Schools for the Deaf. Individuals with a hearing loss of between 35 and 54 decibels (Level I) do not require special classes but

may need the services of a hearing or speech professional. Individuals with a hearing loss of 55 and 69 decibels (Level II) may sometimes need a special class and usually need the services of hearing and speech professionals. Levels I and II are also classified as *hard of hearing*. Individuals with a hearing loss above 70 decibels (Levels III and IV) usually need special classes or placement and need the services of hearing and speech professionals. A hearing loss of above 70 decibels is also classified as *deaf*. KEY QUESTIONS: What is the significance of the division line between hard of hearing and deaf? What key type of sound is not easily heard by the deaf?

AWARENESS ACTIVITY: Involve students in an awareness activity to help them develop an understanding of what it might be like to have a hearing impairment. Before the activity, have students write a short essay titled "If I Could Not Hear Well . . . ." Ask students to describe what they would miss most about the world of sound and what kind of frustrations they would experience. For the awareness activity, show a film with the sound turned off. Half-way through the film, turn the sound up slightly so that students have to strain to hear. After the film discuss the experience of trying to gather meaning from a film without the benefit of the sound track. KEY QUESTION: What was most frustrating, viewing the film with no sound or with little sound? After the film have some students share their essays.

FILM: Show a film which will increase students' awareness of hearing-handicapping conditions. Preview the film and prepare a set of questions which can be discussed by the class at the end of the film. Distribute the questions to students before the film. [NOTE: See list of suggested films at the beginning of the unit.]

TRANSPARENCY: Show students Transparency 16 which illustrates the human hearing mechanism. The three major parts of the ear are the outer ear, the middle ear, and the inner ear. Refer to references to obtain explanations of the details. Point out that hearing losses are also classified by the location of the hearing impairment. A *conductive hearing loss* has to do with malfunction of the middle ear which primarily conducts sound to the inner ear. Sounds heard are softer than normal. *Sensorineural hearing loss* has to do with malfunction of the inner ear or the nerves that connect the inner ear to the brain. Sounds heard are distorted.

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with hearing impairments. Organizations to write include: Alexander Graham Bell Association for the Deaf, American Speech-Language-Hearing Association, and National Association of the Deaf. Most of these organizations will send free information as well as a list of low-cost publications. Have students add this information to their resource files for future reference. [NOTE: Addresses can be found on the publisher's list at the back of this guide.] KEY QUESTIONS: According to the information you received, what

are the purposes of these various organizations? Why are such organizations important to those concerned with hearing impairments? Which of these organizations could child caregivers join?

CHECK LIST: Give students a copy of Handout 23 which is a check list of possible signs of hearing impairments. Ask students to note the behaviors in each category. KEY QUESTIONS: How long would you need to care for a child before you could complete this informal check list? Why is it important to report your observations even if only one or two signs are observed?

REPORTS: Divide the class into four teams. Assign each team to research and prepare a class report on one of the following topics:
- The History of Sign Languages
- The Aural/Oral Method of Communication Training
- The Aural/Oral Versus Manual Training Debate
- The Trend Toward Total Communication

Provide class time for each group to give a presentation on their findings.

GUEST SPEAKER: Invite an audiologist to visit with the class about hearing aids. Ask the speaker to describe how a hearing aid works, the various kinds of hearing aids available, and how the audiologist determines what type of aid to use. KEY QUESTIONS: How do hearing aids help the hearing impaired? Are hearing aids suitable for all hearing problems? Why? How should caregivers assist a child using a hearing aid?

HANDOUT: Give students a copy of Handout 24 which lists some guidelines for caring for the child with a hearing impairment. Discuss each of the points listed. KEY QUESTIONS: Why is a small group setting preferable for the hearing impaired child? Why is it important to find out which approach to communication training is being used with the child?

OBJECTIVE

Analyze the nature of physically handicapping conditions in young children.

REPORTS: Assign students to research and report on various physically handicapping conditions. Conditions to research include the following:

Physical Disabilities

- Cerebral palsy
- Epilepsy
- Missing or non-functioning limb
- Spina bifida
- Arthritis

Chronic Health Impairments

- Hemophilia
- Allergies
- Diabetes
- Congenital heart defects

- Asthma

Ask students to share their findings with the class. KEY QUESTIONS: When are most of these physically handicapping conditions diagnosed? How do each of these conditions affect the child's development? What role can the child's caregiver play in promoting development?

AWARENESS ACTIVITY: Involve students in an awareness activity to help them develop an understanding of what it might be like to have a physical impairment. Possible activities include:

- Spending time in a wheel chair
- Using crutches with one leg tied up
- Walking and sitting while wearing locked leg braces
- Picking up pencils without using the upper body
- Buttoning a sweater or shirt while wearing thick gloves
- Spending a day using only entrances designed for the handicapped and noting how common and convenient these accommodations are

Follow up the awareness activities with a discussion of how children with physical handicaps may feel. KEY QUESTIONS: What do you think is meant by the phrase, "It is the environment and the way it is structured that make a child physically handicapped." In what kind of environment would you feel handicapped? Why is the structure of the environment so important for meeting the needs of the physically handicapped child?

FILM: Show a film which will increase students' awareness of physically handicapping conditions. Before the film ask students to make an outline of how other areas of development may be affected by a physical handicap. After the film ask students to check their outline and note which items on their outline were observed in the film. [NOTE: See list of suggested films at the beginning of the unit.]

TRANSPARENCIES: Show students Transparencies 17 and 18 which illustrate mechanical aids and equipment used by the physically handicapped. Discuss the function and purpose of each item illustrated. As a follow-up activity arrange for students to see a demonstration of how to check mechanical aids and equipment for proper fit and functioning. KEY QUESTIONS: How does the type of equipment used affect classroom arrangement? How often should a caregiver check the functioning of a wheelchair, leg braces, special chair or tray, etc.? How do these mechanical aids increase a child's independence? What effect do these devices have on the child's development in other areas?

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with physical handicaps. Organizations to write to include: American Physical Therapy Association, Epilepsy Foundation of America, National Easter Seal Society for Crippled Children and Adults, National Paraplegia Foundation, National Quadraplegia Foundation, National Rehabilitation Association, Spina Bifida Associa-

tion of America, and United Cerebral Palsy Association. Most of these organizations will send free information as well as a list of low-cost publications. Have students add this information to their resource files for future reference. [NOTE: Addresses can be found on the publisher's list at the back of this guide.] KEY QUESTIONS: According to the information you received, what are the purposes of these various organizations? Why are such organizations important to those concerned with physical handicaps? Which of these organizations could child caregivers join?

HANDOUT: Give students a copy of Handout 25 which lists some guidelines for caring for the child with physical handicaps. Discuss each of the points listed. KEY QUESTIONS: Why is it important to learn how to properly move and position the child with a physical handicap? Why do children with physical handicaps sometimes develop sore spots on the affected part of the body? What can be done to prevent such sores? What types of health impairing conditions might call for first aid? Why do caregivers keep careful records of medication given?

DISCUSSION: Provide time in class for students to discuss Lab Experience 19 in which they observed a child with a physically handicapping condition. Ask students who observed children with similar physically handicapping conditions to form a small discussion group. For each type of handicapping condition observed, have students develop a list of special needs and what caregivers can do to promote development of the child.

OBJECTIVE

Analyze the nature of communication handicapping conditions in young children.

TRANSPARENCY: Show students Transparency 19 which lists the four categories of speech impairments and possible characteristics associated with each. Discuss each of the disorders and the problems associated with each. [NOTE: Articulation disorders are the most common type of speech impairment. The child may substitute one sound for another, omit a sound, add a sound or speak with distorted sound. Timing disorders have to do with speech fluency. Stuttering is sometimes called nonfluent speech. Clutting is a condition in which the child speaks rapidly with irratic rhythm. Voice disorders affect the vocal cords and produce problems in loudness, pitch, and quality of speech sound. Language disorders may involve difficulty in understanding the language heard (receptive language impairment) or in speaking (expressive language impairment). Other language disorders include problems in sequencing words and nonspeaking. Study references for detailed explanations.]

FILM: Show a film which will increase students' awareness of speech handicapping conditions. Preview the film and prepare a set of discussion questions for after the film. [NOTE: See list of suggested films at the beginning of the unit.]

CHECK LIST: Give students a copy of Handout 26 which is a check list of possible signs of speech impairments. Ask the students to note the behaviors in each cateogry. KEY QUESTIONS: What is the difference between a speech impairment and a different speech pattern caused by a difference in culture? How can you distinguish between the two? How long would you need to care for a child before you could complete this informal check list? Why is it important to report your observations when you notice consistent speech differences?

TRANSPARENCY: Show students Transparency 20 which illustrates the physical mechanisms through which we speak. [NOTE: Study references for details on the mechanics of speech. One useful reference is Norris G. Haring's *Behavior of Exceptional Children*, Chapter 10.] Point out that understanding the complex mechanism of speech helps one understand speech impairments. Describe how physical mechanisms of speech affect various speech impairments.

REPORTS: Ask interested students to research the topic of "communication devices or boards" which are used by children with severe speech impairments. Students can report their findings to the class. Students might wish to make a model of a communication board and demonstrate its use to the class. If possible, students might observe a demonstation of a real communication board. KEY QUESTIONS: When are such devices necessary? How do they help the child with a speech impairment? How have micro computers been used to increase the usefulness of communication boards?

WORD PUZZLE: Give students a copy of Handout 27 which is a word puzzle reviewing terms associated with speech impairments. Students might complete this puzzle after their assigned readings are complete or study references to find the correct definitions. [NOTE: Answers to the word puzzle can be found in the Answer Keys at the end of this guide.]

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with speech impairments. Organizations to write to include: Council for Exceptional Children, Division on Communication Disorders, American Speech-Language-Hearing Association, and National Association of Hearing and Speech Action. Most of the organizations will send free information as well as a list of low-cost publications. Have students add this information to their resource files for future reference. [NOTE: Addresses can be found on the publisher's list at the back of this guide.] KEY QUESTIONS: According to the information you received, what are the purposes of these various organizations? Why are such organizations important to those concerned with speech impairments? Which of these organizations could child caregivers join?

DISCUSSION: Involve students in a discussion of Lab Experience 20 in which they observed the nature of a speech handicapping condition in a young child. On the chalkboard list each of the disorders observed. Under each disorder have students summarize the characteristics of that disorder based upon their observations. Provide references for students to check their descriptions of the disorder and make any changes. KEY QUESTIONS: What is the relationship between a child's speech impairment and her or his social development? Did most of the children with speech impairments observed as a part of the lab have similar characteristics as far as social development is concerned?

HANDOUT: Give students a copy of Handout 28 which lists some guidelines for caring for the child with a speech impairment. Discuss each of the points listed. KEY QUESTIONS: Why might it be useful to know where a child is developmentally in the sequence of language development? How can caregivers create a positive attitude of acceptance among the other children toward the child with a speech impairment? How does a rich and exciting learning environment help the child with a speech impairment?

OBJECTIVE

Analyze the nature of behavioral handicapping conditions in young children.

DISCUSSION: Have students bring to class various definitions of behavioral or emotional handicapping conditions. Write the various definitions on the chalkboard. KEY QUESTIONS: What do the definitions have in common? Why is it difficult to define behavioral or emotional handicapping conditions? As a class write a general definition.

AWARENESS ACTIVITY: Involve students in an awareness activity to increase their understanding of children with behavioral disorders. Provide each student with four note cards. Ask students to reflect on their own childhood experiences and those experiences they have had with young children. Experiences to include are:

- A time when a child might feel afraid
- A time when a child might feel isolated and alone
- A time when a child might feel angry and want to hurt someone
- A time when a child might do something inappropriate or unusual under the circumstances.

Collect the cards. Students do not need to identify themselves on the cards. Read some examples of each type of experience and discuss with the class how a child might handle or understand such feelings. KEY QUESTIONS: How do you think the child who is withdrawn feels when she can't bring herself to join in play with others? How does the anxious child feel when he is afraid of a certain event or object? How does the child who reacts agressively feel when he can't seem to control himself? How does a child feel when she has done something that cause others to ridicule or laugh at her?

FILM: Show a film which will increase students' awareness of behavioral handicapping conditions. Before the film ask students to write a short essay on reasons why caregivers fear that behavioral handicapped children are difficult to care for. After the film have them write another essay on ways that caregivers can make caring for these children easier. [NOTE: See list of suggested films at the beginning of the unit.]

TRANSPARENCY: Show students Transparency 21 which lists factors that may contribute to behavioral disorders. Discuss each of the factors. Point out that environmental contingencies are those factors in the environment which tend to reinforce inappropriate behaviors. KEY QUESTIONS: How might a mismatch between the child's temperament and the parents' style of interaction lead to a behavioral disorder? In what ways might abusive or neglectful parenting contribute to the development of behavioral disorders? What environmental factors might tend to reinforce inappropriate behaviors? Could a poor child-care environment contribute to behavioral disorders? Why?

GUEST SPEAKER: Invite a guest speaker from your local child welfare agency to speak to the class about the psychological effects of child abuse and neglect. KEY QUESTIONS: How does inadequate parenting affect the child's development? How does the child's environment contribute to the incidence of abuse and neglect? [NOTE: As a follow up activity view a film about child abuse and neglect. See list of suggested films at the beginning of the unit.]

CHECK LIST: Give students a copy of Handout 29 which lists signs of possible behavioral handicapping conditions. Discuss each of the signs. KEY QUESTIONS: How does a caregiver distinguish between the child who may really have a handicapping condition and the child whose inappropriate behavior is due to poor child guidance techniques? Why is it important to share your observations with parents and your program director? Stress that a child caregiver cannot make a diagnosis of a behavioral disorder although the caregiver may be able to share observations with professionals doing an assessment.

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with behavioral disorders. Organizations to write to include: Child Welfare League of America, American Academy of Child Pyschiatry, American Association of Psychiatric Services for Children, American Psychological Association/Division of Child and Youth Services, Council for Exceptional Children: Division for Children with Behavioral Disorders, Mental Health Association National Headquarters, National Society for Autistic Children. Most of these organizations will send free information as well as a list of low-cost publications. Have students add this information to their resource files for future reference. [NOTE: Addresses can be found on the publisher's list at the back of this guide.] KEY QUESTIONS: According to the information you received,

what are the purposes of these various organizations? Why are such organizations important to those concerned with behavioral disorders? Which of these organizations could child caregivers join?

DISCUSSION: Discuss Lab Experience 21 with students. In this lab students observed a child with a behavioral handicap. Using the information gathered by the students prepare a chart which will list characteristics of the two areas of behavioral disorders that caregivers are likely to observe in a mainstreamed setting. The headings for the chart might look like the illustration below.

Characteristics of Behavorial Disorders

Categories:	Hyperactive-Agressive	Anxious-Withdrawn
Characteristics:		

HANDOUT: Give students a copy of handout 30 which lists some guidelines for caring for the child with a behavorial handicap. Discuss each of the points listed. KEY QUESTIONS: In what ways can the environment be arranged to minimize stimulations of inappropriate behavior? How do you help children become self-reinforcing? Why is it important to involve children in establishing rules for the group?

OBJECTIVE

Analyze the nature of giftedness in young children.

CASE STUDIES: Share with students several stories about the childhood of some gifted or talented individuals. (NOTE: Refer to Frank Laycock's *Gifted Children* or look up the 1929 publication of Catherine Cox, *The Early Mental Traits of Three Hundred Geniuses: Genetic Studies of Genius*. An alternate activity might be to have students read a biography of a gifted individual and report to the class about the individual's childhood.) KEY QUESTIONS: For each individual described, what role did heredity play in the individual's development? What role did the environment play? Which do you think had the most influence? Why? What is giftedness? How would you define giftedness? As a class decide

upon a definition of a giftedness.

AWARENESS ACTIVITY: Ask students to write about a skill, talent, or gift that they possess. Everyone can do something better than average. Divide the class into small groups. Ask the members of each group to share their gift or talent and discuss how this ability has affected other aspects of their lives. As a class discuss how children with gifts or talents might feel about their abilities. KEY QUESTIONS: Do gifted or talented children like to "show off?" Why? Could a child's gift or talent make it difficult for her or him to get along with others? Why? Is it easier to develop a positive self-concept if you are gifted or talented? Why?

FILM: Show a film which will increase student's awareness of gifted children. Before the film ask students to make a list of characteristics of gifted children. After the film have students compare their list to information presented on the film. Have students revise their lists. (NOTE: See list of films at the beginning of the unit.)

CHECK LIST: Give students a copy of Handout 31 which is a check list for signs of giftedness in young children. Discuss each of the items on the list. KEY QUESTIONS: How long would you need to know a child before you could complete this check list? Many children exhibit these traits. How can a caregiver distinguish between normal development and gifted development? Is it possible that a child might still be gifted even though the child does not exhibit many of these behaviors at the preschool level; Explain.

RESEARCH REPORT: Have interested students investigate the Terman studies of gifted individuals. Terman and his colleagues have studied over the last several decades the lives of over 600 individuals identified as intellectually gifted. KEY QUESTIONS: How did Terman select the subjects for this study? What kind of background did the individuals in the study have? How were these individuals characterized in physical, academic, and social development? What kind of adult lives did these individuals lead? How long will this study continue? What have we learned about the gifted from these studies?

LETTER WRITING: Have students write to various organizations that provide information and support to those concerned with gifted and talented children. Organizations to write to include: Council for Exceptional Children (ask for Gifted Packet); National State Leadership Training Institute for Gifted and Talented; National Association for Gifted Children; and American Association for Gifted Children. Most of these organizations will send free information as well as a list of low-cost publications. Have students add this information to their resource files for future reference. (NOTE: Addresses can be found on the publisher's list at the back of this guide.) KEY QUESTIONS: According to the information you received, what are the purposes of these various organizations? Why are such organizations important to those con-

cerned with gifted and talented children? Which of these organizations could child caregivers join?

DISCUSSION: Discuss Lab Experience 22 with students. In this lab students observed a gifted child. Using the information gathered by the students prepare a chart which will list characteristics of gifted children in several areas of development. The chart might look similar to the illustration below.

Characteristics of Gifted Children

Cognitive Development	Social Development	Physical Development	Emotional Development

HANDOUT: Give students a copy of Handout 32 which lists some guidelines for caring for children with gifts or talents. Discuss each of the points listed. KEY QUESTIONS: Why is it important to provided activities to stimulate the gifted or talented child? What example of the scientific method of investigation can you give; How do you help children learn how to learn? What kind of activity would give a child a chance to use planning, predicting, decision-making, and communication skills? What benefits result when gifted children guide the learning of younger or average children? Why are mentors or role models important for these children?

Understanding Special Needs
Unit III Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ A hereditary factor which may lead to a birth defect is
   A. smoking by the pregnant woman.
   B. a faulty gene.
   C. use of drugs by the pregnant woman.
   D. malnutrition.

2. _____ An environmental factor which may lead to a birth defect is
   A. illness due to rubella.
   B. improper joining of sex cells at conception.
   C. a prior family history of genetic defects.
   D. improper formation of the egg cell.

3. _____ A baby whose mother smoked during pregnancy may be born with
   A. a hearing loss.
   B. stained teeth.
   C. mental retardation.
   D. low birth weight.

4. _____ Children with learning disabilities differ from children with mental retardation in that children with learning disabilities have
   A. higher IQ scores.
   B. problems in getting along with other children.
   C. difficulty using language.
   D. difficulty learning to read.

5. _____ A child with an IQ of less than 69 is not considered mentally retarded unless the child also
   A. uses language at least two years below chronological age.
   B. has typical malformed facial features.
   C. shows signs of not being able to read.
   D. has problems in day-to-day functioning.

6. _____ Children who are slower than their peers but capable of reaching up to the sixth grade level of learning are categorized as
   A. mildly retarded.
   B. moderately retarded.
   C. having minor retardation.
   D. profoundly retarded.

7. _____ Evan, a five-year-old, does things quickly. However, he seldom finishes what he starts. At circle time he can't sit still more than a couple of minutes. When he colors, he often switches the crayon from one hand to the other. Evan may be showing signs of
   A. a language disability.
   B. a behavior disability.
   C. a learning disability.
   D. mental retardation.

8. _____ Caregivers need to understand the factors which can lead to handicaps in young children in order to
   A. diagnose possible handicaps.
   B. develop individual education plans.
   C. inform others of ways to prevent handicaps.
   D. help parents accept responsibility for their child's handicap.

9. _____ Developmentally, children who are blind from birth
   A. are delayed in the development of speech.
   B. are frequently delayed in locomotor skills.
   C. will have tunnel vision.
   D. are usually mentally retarded as well.

10. _____ The designation of 20/200 means that at 20 feet the person can see what a normally sighted person sees at 200 feet. The term for this designation is
   A. peripheral vision.
   B. central visual acuity.
   C. tunnel vision.
   D. accomodation acuity.

11. _____ A hearing loss due to the malformation of the inner ear or the nerve endings is known as a (an)
   A. conductive hearing loss.
   B. decible hearing loss.
   C. inductive hearing loss.
   D. sensorineural hearing loss.

12. _____ The most significant distinction between children who are deaf and who are hard of hearing is the ability to hear
   A. thunder.
   B. a whisper.
   C. city traffic.
   D. conversation.

13. _____ Children with physical handicaps often use mechanical devices. Caregivers should be careful to
    A. check the device for proper functioning.
    B. let the child remove and replace the device without aid
    C. not let the child become too dependent on the device.
    D. let the child use the device only when outside the classroom.

14. _____ During a seizure the caregiver needs to help the child
    A. sit up straight to avoid choking.
    B. lie down on his or her side.
    C. by administering mouth-to-mouth resuscitation.
    D. by moving the child away from the other children in the room.

15. _____ A speech impairment which is characterized by substitution of one sound for another is known as
    A. aphasia.
    B. a voice of disorder.
    C. stuttering.
    D. an articulation disorder.

16. _____ When caring for children with speech impairments caregivers can facilitate development by
    A. being consistent in correcting the child's speech.
    B. encouraging the child to think before she or he speaks.
    C. accepting any attempt to talk no matter how awkward.
    D. having the child speak frequently in front of the group.

17. _____ One significant factor which appears to play a role in the occurrence of several speech impairments is
    A. brain damage.
    B. a faulty gene from one of the parents.
    C. small motor coordination.
    D. poor parenting.

18. _____ Behaviors which may indicate a behavioral disorder happen
    A. often and over a long period of time.
    B. only during certain activities or situations.
    C. mainly during the elementary school years.
    D. only in children who are developmentally delayed.

19. _____ Jesica, a four-year-old, would rather watch than participate. She resists the efforts of her caregiver to involve her in activities. She has a favorite spot to sit in the room by the book display. When the children tried finger painting with shaving cream, she would not even touch the shaving cream. Jesica might be exhibiting signs of a behavioral disorder, Jesica might be
    A. anxious-withdrawn.
    B. hyperactive-agressive.
    C. a social delinquent.
    D. psychotic.

20. _____ A factor which may lead to the development of benavioral disorders in young children is
    A. being the youngest child in the family.
    B. participating in group child care since infancy.
    C. a mismatch between temperament and parenting style.
    D. being from a culture different from the majority culture.

21. _____ If children who are gifted do not receive special services, they may
    A. develop behavioral disorders.
    B. make even greater achievements.
    C. lose some of their gifts.
    D. get along better with their peers.

22. _____ A characteristic typically associated with the gifted, but that has not proven true, is
    A. the ability to think more like an older child than other children the same age.
    B. the ability to solve problems in unique ways.
    C. physical superiority.
    D. the inability to get along with peers.

DIRECTIONS

For Items 23-25 write a short essay.

23. Do you feel that hereditary or environmental factors play a greater role in the creation of special needs children? Explain your answer.

24. How would you provide for the special needs of a gifted or talented child? Describe at least three things you would do.

25. How would you provide for the special needs of a mildly mentally retarded child? Describe at least three things you would do.

Performance Objectives

Promoting Positive Interactions Unit IV

Valuing Individual Differences

- Analyze the caregiver's role in creating an environment in which respect for individuals is a primary value.
- Demonstrate the ability to discuss individual differences with children in a neutral manner.
- Develop strategies for helping normally developing children identify with the needs of special children.

Strategies for Promoting Positive Interactions

- Develop specific skills for promoting positive interactions between all children in the mainstreamed child care program.
- Develop specific strategies for building social skills and play behaviors in children with special needs.
- Develop strategies for helping special needs children identify and deal with their feelings.

Group Management

- Evaluate group management techniques which are important in the mainstreamed child care program.
- Develop problem-solving strategies which can be applied to group management problems.

Stress Management

- Develop stress management strategies for yourself as a caregiver of special children.

References

VALUING INDIVIDUAL DIFFERENCES

Abelson, A. Geoffrey. "Measuring Preschools' Readiness to Mainstream Handicapped Children."

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Allen, K. Eileen, et al. *Early Childhood Education: Special Problems, Special Solutions.*

Bookbinder, Susan R. *Mainstreaming: What Every Child Needs to Know About Disabilities.*

Booth, Anne, et al. *Mainstreaming Children in Day Care and Preschool: A Manual of Training Activities.*

Clark, E. Audrey. "Teacher Attitudes Toward Integration of Children with Handicaps."

Dunlop, Kathleen H. "Mainstreaming: Valuing Diversity in Children."

Engel, Rosalind. "Understanding the Handicapped Through Literature."

Fox, C. Lynn and Malian, Ida. *Social Acceptance: Key to Mainstreaming.*

Garry, V. V. "Mainstreaming: Children's Books About Children with Disabilities."

Gerlach, Kent. *Activities for Involvement: In-Service Ideas for Attitudinal Change and Awareness.*

Guralnick, Michael J. "The Value of Integrating Handicapped and Nonhandicapped Preschool Children."

Hamrin, Jeannie M. *Mainstreaming Children with Special Needs: Using Puppetry, Dramatic Play and Literature to Help Young Children Understand Handicaps.*

Hicks, Joyce B. and Ballard, Mona. *Bridges: Bulletin Boards for Mainstreaming, Volume One for Ages 3-6.*

Karnes, Merle B. and Lee, Richard C. *Early Childhood: What Research and Experience Says to the Teacher of Exceptional Children.*

Lange, Jenny, et al. (eds.). *Out of the Nest: Instructional Strategies to Prepare Young Exceptional Children for the Mainstream.*

McLoughlin, James A. and Kershman, Susan M. "Mainstreaming in Early Childhood: Strategies and Resources."

Morgan, Dorothy and York, Mary Elizabeth. "Ideas for Mainstreaming Young Children."

NOTE: Complete citations can be found in the Bibliography at the end of this guide.

STRATEGIES FOR PROMOTING POSITIVE INTERACTIONS

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Briggs, Dorothy. *Your Child's Self-Esteem: The Key to His Life.*

Brooks, K. W. and Deen, Carol. "Improving Accessibility of Preschool Facilities for the Handicapped."

Caldwell, Bettye M. and Stedman, Donald J., (eds.). *Infant Education: A Guide for Helping Handicapped Children in the First Three Years.*

Carlson, Nancy A. and Wandschneider, Mary R., (eds.). *Toward Integrating Young Handicapped Children: A Handbook for Preschool Teachers, Parents, and Referring Agencies.*

Children with Special Needs in Day Care–A Guide to Integration: A Guide for Integrating Developmentally Delayed Children Into Regular Day Care Services.

Cook, Ruth E. and Armbruster, Virginia B. *Adapting Early Childhood Curricula: Suggestions for Meeting Special Needs.*

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Fallen, Nancy H. and McGovern, Jill E. *Young Children with Special Needs.*

Fox, C. Lynn and Malian, Ida. *Social Acceptance: Key to Mainstreaming.*

Gowan, John C., et al. *The Guidance of Exceptional Children: A Book of Readings.*

Klein, Jenny W. "Mainstreaming the Preschooler."

Marion, Marian. *Guidance of Young Children.*

Safford, Philip L. *Teaching Young Children with Special Needs.*

Smith, Charles A. *Promoting the Social Development of Young Children.*

Souweine, Judith, et al. *Mainstreaming: Ideas for Teaching Young Children.*

Texas Department of Human Resources. *When You Care for Handicapped Children.*

Wishon, Phillip M. "Serving Handicapped Young Children: Six Imperatives."

GROUP MANAGEMENT

Allen K. Eileen. *Mainstreaming in Early Childhood Education.*

Cook, Ruth E. and Armbruster, Virginia B. *Adapting Early Childhood Curricula: Suggestions for Meeting Special Needs.*

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Essa, Eva. *A Practical Guide to Solving Preschool Behavior Problems.*

Lovitt, Thomas C. *Managing Inappropriate Behaviors in the Classroom: What Research and Experience Say to the Teachers of Exceptional Children.*

Marion, Marian. *Guidance of Young Children.*

Safford, Philip L. *Teaching Young Children with Special Needs.*

STRESS MANAGMENT

DeShong, Barbara R. *The Special Educator: Stress and Survival.*

Edelwich, Jerry and Brodsky, Archie. *Burn-Out: Stages of Disillusionment in the Helping Professions.*

Greenberg, Herbert M. *Coping with Job Stress.*

Texas Department of Human Resources. *Families, Day Care, and Stress: A Day Care Provider's Guide.*

Truch, Stephen. *Teacher Burnout and What to Do About It.*

Wessen, Paul D. "Off-Site Stress and the Disadvantaged Caregiver: A Neglected Factor."

AUDIOVISUALS

A Child is a Child.

Coping with Stress.

Feeling Good Comes First: Integrating Handicapped and Nonhandicapped Children.

Fulfillment of Human Potential (The Special Education Curriculum Design Series: A Multisensory Approach).

I'm Just Like You. Part I: Taking It in Stride. Part II: Dealing with the Problem.

Individual Differences: Infancy to Early Childhood.

Integration of Handicapped and Nonhandicapped Preschool Children: Parent's Perspective.

We Can Grow.

Suggested Classroom Experiences

Valuing Individual Differences

OBJECTIVE

Analyze the caregiver's role in creating an environment in which respect for individuals is a primary value.

INNER AND OUTER CIRCLES DISCUSSION: Use the inner and outer circles discussion technique to discuss the following question: Should respect for individual differences be limited by considerations for the needs of the group as a whole? Why? Students should give specific examples of the role played by caregivers. [NOTE: The inner and outer circles discussion is conducted by dividing the class into two groups and arranging them in circles. The inner circle is surrounded by the outer. In both circles students face the center of the circle. Give students the question or statement to be completed. The inner circle discusses the question for four minutes while the outer circle listens. Groups change places and the second group discusses the question, commenting on remarks made by the first group. If needed, the first group can return to the inner circle and rebut any comments made by the second group.]

CASE STUDIES: Prepare several case studies to share with the class. These studies should feature caregivers and children in a mainstreamed setting responding to individual differences in various ways. Ask the students to analyze each of the cases and identify ways that respect for individual differences is being fostered. One example of a case study is:

> Mr. Lopez arrived early at the child care center to prepare two learning centers for the children in his five-year-olds' class. One center featured a creative construction project using wood chips of various shapes and sizes, various kinds of styrofoam shapes, a collection of old buttons, and several spools of fabric trim. The second center focused on classification of animals. The children arrived and soon were busy exploring the two new learning centers. Lisa, a child with cerebral palsy, was immediately attracted to the construction project. She used the large paint brush provided to apply glue to a piece of cardboard. Other children dipped the pieces of wood or styrofoam shapes in the glue pot. The wood and styrofoam shapes were varied enough to allow Lisa to select large enough pieces for her to handle. Lisa spent most of the morning working on her construction project. When snack time arrived, Mr. Lopez let Lisa continue working. The learning center featuring classification of ani-

mals attracted Pedro, a child with mild mental retardation. Pedro was able to find the pictures of all the birds. Mr. Lopez praised his effort to sort the animals in a new way. Other children sorted the animals according to habitat—water, land, or air. Brian, a gifted child, decided to sort the animals according to the type of fur or skin—long fur, short fur, feathers, and scales. During snack Mr. Lopez pointed out that Pedro knew how to identify animals with feathers and asked Brian to share his way of sorting animals.

CHECK LIST: Using Lab Experience 23 as a starting point, have the class develop a check list of competencies or skills which indicate that a caregiver is demonstrating the value of individual differences. Have the class brainstorm and list as many competencies as they can think of on the chalkboard. Discuss each of the competencies and revise the list. Prepare a handout of the check list for students' future use.

FILM: Show students a film focusing on individual differences. Before the film ask students to list factors in a child's development which lead to individual differences. For example, students might list: family or cultural background, parenting style, temperament, environment, heredity, etc. After the film discuss the factors which lead to individual differences. [NOTE: See list of suggested audiovisuals at the beginning of the unit.]

OBJECTIVE

Demonstrate the ability to discuss individual differences with children in a neutral manner.

SKIT: Assign groups of students to develop a skit demonstrating a caregiver discussing individual differences with children in a spontaneous situation. Students should prepare a written script indicating the characters and what is said by each. Ask the students to prepare a set of discussion questions to follow the skit. Present the skits in class. Discuss the questions.

HANDOUT: Give students a copy of Handout 33 which is an exercise to give students practice in responding to children's comments about individual differences. Before students complete the activity, discuss with them techniques for responding in a neutral manner. Give several contrasting examples. For instance, a child might observe, "Those bars on Kevin's legs make it hard for him to play race cars with us." An inappropriate response from the caregiver might be, "Kevin is not as lucky as you, you can run. Be thankful that you have good legs." This type of response is value-laden and creates a feeling of superiority in the child and a sense of pity for Kevin. A more appropriate response might be, "Yes, Kevin's leg brace makes it hard for him to bend his knees but he can catch the cars you roll to him very well." This response affirms the child's observation of Kevin's handicap in a matter-of-fact way. The caregiver goes further to make a positive comment about what Kevin can do. Have students complete the handout. Provide time for students to share

their responses. Look for ways that students were able to respond to the children's comments in a matter-of-fact manner.

DISCUSSION: Discuss Lab Experience 24 with students. In this lab students presented to preschool children a small group learning activity on individual differences. Divide the students into small groups. Those students who did the learning activity given in the lab can form one group. Those students who developed their own learning activity can form another group. KEY QUESTIONS: What did you learn about how children relate to the topic of individual differences? Did the children seem interested in your activity? Did you feel that the children learned something about individual differences? Explain. Did the age of the children seem to be a factor in the children's attitude?

ACTIVITY FILES: Have students add to their activity files by developing several learning activities or learning centers that focus on individual differences. Use Handouts 34 and 35 as forms for recording activities. Provide time in class for students to share ideas and evaluate plans.

OBJECTIVE

Develop strategies for helping normally developing children identify with the needs of special children.

RESOURCE LIST: Work as a class to develop a list of resources that could be used by child caregivers to help young children identify with the needs of special children. Resources might include:

- Children's books
- Children's films or other media
- Commercially available kits or packets
- Articles or books with activity ideas
- Local chapters of national organizations for special needs

Compile the list of resources and reproduce for a student handout.

LEARNING CENTERS: Divide the class into groups and assign each group one area of special need such as visually impaired, physically impaired, etc. Ask each group to plan and implement a caregiver's learning center for ways to help children identify with the needs of special children. In a subsequent class have a "Special Needs Awareness Fair." Ask the members of each group to take turns directing their learning center while others visit the centers of other groups. Each student should have the opportunity to visit each learning center. Learning centers might include demonstrations of awareness activities, book displays, caregiver-made table games, posters or picture files, and commercially available kits.

ACTIVITY FILES: Have students add to their activity files by developing several learning activities or learning centers that focus on the various special needs that young children can have. Use Handouts 34 and 35 as forms for recording activities. Provide time in class for students to share ideas and evaluate plans.

BRAINSTORMING: Divide the class into small groups and have them brainstorm about ways to simulate for young children the various handicapping conditions. Conduct this activity as a follow-up to Lab Experience 25 in which students presented a small group activity to help young children identify with special needs children. KEY QUESTIONS: How can the various handicapping conditions be presented in a positive way? How do you answer children's questions about "Could this happen to me?" or "Why?" Have students share their ideas and develop experience plans for several of the ideas to add to their activity files.

Strategies for Promoting Positive Interactions

OBJECTIVE

Develop specific skills for promoting positive interactions between all children in the mainstreamed child care program.

BRAINSTORMING: Divide the class into small groups. Provide each group with large sheets of newsprint or poster board and some felt-tip markers. Ask the groups to brainstorm and list skills or competencies that child caregivers need in order to promote positive interactions in the mainstreamed child care setting. The groups write their list of competencies on the newsprint and share their list with other class members. As a class, have the students identify four or five essential competencies. List these on the chalkboard and discuss.

TRANSPARENCY: Show students Transparency 22 which is an example of an appropriate child care room arrangement. Discuss the factors which lead to positive interactions through room arrangement. For example, point out that active and quiet areas are located away from each other, the room is organized around clearly defined learning centers, and enough space is provided for several children to use one area at the same time. KEY QUESTION: In what ways might the classroom arrangement be modified to accommodate children with handicaps? [NOTE: As a follow-up activity, show slides of various child care settings. Include slides which show how equipment is arranged on shelves or tables for children's easy use.]

CHARTS: Involve students in an activity to help them analyze the appropriateness of certain materials for children with special needs. Discuss with students the importance of providing materials which are at the appropriate developmental level for the child. Materials which are inappropriate can be frustrating and lead to behavior problems. Provide students with catalogues of early childhood supplies and materials. Ask them to select an example of a toy or piece of equipment which might be appropriate for a child with mental retardation, a child with a hearing impairment, a child with a physical handicap, etc. The students cut out these pictures and tape them to a chart. Opposite the picture of the appropriate toy, have them tape another picture of a toy which also focuses on the same type of development as the appropriate toy, but may be frustrating for the child with

that special need. The chart might look similar to the illustration below.

SPECIAL NEED	ILLUSTRATION OF APPROPRIATE TOY	ILLUSTRATION OF FRUSTRATING TOY
Mental retardation		
Visual impairment		
Hearing impairment		
Physical impairment		
Learning disability in visual perception		
Etc.		

POSTERS: Assign students to bring to class a poster showing an example of a daily schedule for a child care program. Have students analyze the schedules for suitability in a mainstreamed child care program. Features such as a balance between active and quiet, structured and unstructured, caregiver-directed and child-directed activities should be apparent. KEY QUESTIONS: How can a caregiver individualize the schedule and still maintain a predictable routine? What other considerations must be made when planning a daily schedule in the mainstreamed classroom? [NOTE: Students can find examples of good daily schedules in several of the references listed at the beginning of the unit.]

ACTIVITY FILES: Have students add to their activity files examples of learning experiences which foster cooperation and other prosocial behaviors. Students can use the form on Handout 34 for small group experiences and Handout 35 for recording learning center ideas. Provide time in class for students to share their ideas. Students who developed original ideas for Lab Experience 28 might wish to demonstrate their activities.

VIDEO TAPES: Show students an instructor-made video tape of a typical morning at the mainstreamed child care center. Have students

observe the action and take notes of opportunities for incidental teaching related to positive interactions in the group. After the tape divide the class into discussion groups. KEY QUESTIONS: What examples of natural or spontaneous positive interactions did you observe? If you were the caregiver, how might you take advantage of these events to further enhance children's positive interactions? What must the caregiver be aware of before intervening in children's play?

OBJECTIVE

Develop specific strategies for building social skills and play behaviors in children with special needs.

HANDOUT: Give students a copy of Handout 36 which is an exercise to help students apply some guidelines for helping children with special needs acquire social and play skills. For each guideline given, students are to write an example which would illustrate that guideline. Students can describe a scene in the child care setting between the caregiver and the child with special needs. After students have completed the exercise have them share their examples. KEY QUESTIONS: Why do children with special needs need help in acquiring positive social skills and play behaviors? What kind of learning activity might be used to help children learn how to imitate each other? When should the child with special needs be reinforced for appropriate behavior? What are the advantages of each of the grouping patterns described? Point out that these are grouping patterns for small groups within the larger group of children.

FILM: View a film on mainstreaming children with special needs into early childhood programs. Have students watch for examples of social interactions among the children in the group. After the film discuss factors which helped the children with special needs feel that they were a part of the group.

FOLDER EXCHANGE: Use folders with discussion questions to help students identify ways that caregivers can help children with special needs acquire social skills and play behaviors. [PREPARATION: Using a felt-tip marker write on the outside of several file folders examples of children with special needs trying to learn to play with other children. Some possible examples are:

- A withdrawn child watches two other children bathe the dolls but will not join them, even after the caregiver has invited the child to do so.
- A child with mental retardation is always assigned the role of "baby" in the home living center.
- A child who is hard of hearing sings so loudly during music time that the other children refuse to sit near this child.
- A child who becomes angry at losing a table game is not invited to play with the other children the next time the game is out.

Inside the folders place several copies of a sheet with discussion questions such as, "How is this child's behavior affecting other children in the group?" "What skill is the child lacking?"

"How might the child's caregiver go about helping this child develop more appropriate skills? Leave space for the groups to record their answers.

Divide the class into groups so that each group has a different folder. Give each group a number. Ask each group to discuss the situation presented and answer the questions on the enclosed sheet. Give the students about five to ten minutes for their discussion. After each group has discussed and answered the questions, have one group member fold the answer sheet in half so that the answer does not show and put the group's number on the outside. Now the groups exchange folders and repeat the same steps. When they are finished answering the questions, students can unfold and compare the answers of the previous group's to theirs. Exchange continues until each group has its first folder back.

DISCUSSION: Have students discuss Lab Experience 30 in which they worked with a special needs child to help that child develop positive social skills and play behaviors. After the students have shared their experiences have them develop a set of tips for working with the special needs child on social and play skills. Write students' suggestions on the chalkboard. Students can copy the list for future reference.

DEMONSTRATIONS: Ask students to bring the prop box they prepared for Lab Experience 31 to class. Provide time for each student to present his or her box and explain how it was used by the children. Students might wish to record ideas for prop boxes on Handout 35, Learning Center Plan. KEY QUESTIONS: What activities or experiences will help young children play successfully with the materials in the prop box? How might a field trip or guest speaker facilitate dramatic play?

OBJECTIVE

Develop strategies for helping special needs children identify and deal with their feelings.

TRANSPARENCY: Show students Transparency 23 which illustrates how a child caregiver accepts feelings and guides the child in appropriate expression. Discuss the role that active listening can play in showing acceptance of feelings. KEY QUESTIONS: Is active listening approval of how a child acts? Why? Why must children learn the difference between how they feel and how they act?

DISCUSSION: Write on the chalkboard the following quotations from Dorothy Briggs' book, *Your Child's Self-Esteem*:

- "Negative feelings expressed and accepted lose their destructive power."
- "None of us feels truly understood by having emotions tagged or catalogued. Intellectual understanding is not what we crave. We want warm understanding from the heart."
- "Understanding never makes feelings worse; it only gives them permission to be revealed."

- "A basic rule about human behavior is that negative feelings exist before negative acts."

Discuss the meaning of each of these quotations and how they apply to helping children with special needs learn to express their feelings.

TAPE RECORDING: Use a tape recording of statements made by young children to help students practice active listening. [PREPARATION: Prepare a set of statements that young children typically say when expressing their emotions. If possible, recruit some young children to help you make a tape recording of these statements. After each statement, record a possible caregiver response. The caregiver's response should be an example of active listening in which the caregiver repeats back in a different way what the child said, thus showing understanding of the child's feelings.] Present the tape as a small group or individual learning center activity to students. After the child's statement, have the students stop the tape recorder and write down what a caregiver using active listening might say. Then play the example of the caregiver's response on the tape. Have students evaluate each other's responses and look for signs of judgment on the part of the caregiver.

DISCUSSION: Involve students in a discussion of Lab Experience 32 in which they practiced helping a child express feelings in appropriate ways. Ask each student to relate one example of how they were able to help the child. After all students have shared their experiences, have the class discuss factors in the special child's development which may make it difficult for the child with special needs to express feelings and express them appropriately. List these factors on the chalkboard.

Group Management

OBJECTIVE

Evaluate group management techniques which are important in the mainstreamed child care program.

POSTERS: Ask each student to prepare a poster illustrating classroom rules that might be used in the mainstreamed classroom. Ask each student to present the poster to the class and explain why the rules were chosen and worded as they are. KEY QUESTIONS: Why is it important to have few rules? What happens when there are too many rules? How should rules be worded? How do rules help maintain positive interactions in the child care setting? Why is it important to involve children in formation of the rules?

FELT BOARD: Use felt board figures to support a discussion on the principles of behavior modification. [PREPARATION: Use the felt board patterns shown on Handout 37. Symbols can be cut out of felt or interfacing fabric.] Present each of the diagrams as shown on the following page on the felt board. Discuss the principle being illustrated. [NOTE: The letter B stands for "behavior," R stands for "reinforcer," P stands for "punishment."]

1) B → R+ = B↑

Behavior followed by a *positive reinforcer* increases the behavior. Point out that timing of the reinforcer is critical. It must follow immediately after the behavior.

2) B → ~~R+~~ = B↓ or ~~R~~

If the positive reinforcer following a behavior is removed, that behavior decreases or is *extinguished*.

3) B → R- = B↓

Behavior followed by a *negative reinforcer* causes that behavior to decrease. A negative reinforcer is an aversive stimulus which when removed or ceased is reinforcing.

4) B → P = B↓

Behavior followed by punishment causes behavior to decrease.

As you discuss each principle, give illustrations about children and their caregivers using the principle.

GAME: Play a game with the class to help them practice identifying the consequence of child behaviors. [PREPARATION: Prepare or have each student prepare two flash cards, one with the term *extinction*, the other with the term *reinforcement*.] In class, read each of the following situations to the class. Then ask, "Will the child's behavior be reinforced or extinguished?" In other words, will the behavior increase or decrease? Students hold up the card which they think is correct. Students keep their own scores by giving themselves one point for each correct answer.

SITUATIONS

Behavior	Response
1. Child puts a toy back on the shelf.	Caregiver turns to speak to another child.
2. Joe runs down the hall.	Other children laugh.
3. Armond tells his mother about his field trip.	Mother busy driving and says nothing.
4. Baby in the restaurant cries.	Waiter quickly gives baby a cookie.
5. Samantha is disrupting the story.	Caregiver tells her to sit by herself and be quiet.
6. Allen was put to bed clean, dry, and full. He cries to get up.	Parents do not enter the room.

SITUATIONS

Behavior	Response
7. Lisa didn't want to go outside and threw a temper tantrum.	Caregiver says, "If you'll stop making such a fuss you can be the leader."
8. Quiet Rosa begins telling the caregiver a story and is interrupted by Leslie who starts to tell the caregiver something.	Caregiver listens to Leslie and goes over to see what Leslie is talking about.
9. Robert bites Susan.	Susan cries and screams.
10. Andrea pushes Margie off the tricycle and rides away.	Margie goes to play on the swings.

[NOTE: You might have the students work in groups to think of other situations and play a second round of the game.]

DISCUSSION: Discuss Lab Experience 34 in which students used positive reinforcement or extinction to change the behavior of someone in their own life. Ask students to share the results of their strategy. KEY QUESTIONS: What did you find difficult about using positive reinforcement? Do you think it really works? Why? How long was it before you noticed a change in behavior? [NOTE: As a follow-up activity have students plan a behavior modification program to change their own behavior. They can enlist the aid of a co-worker to provide positive reinforcement.]

TRANSPARENCY: Show students a copy of Transparency 24 which lists the steps that are taken when planning a behavior modification approach for changing a child's behavior. Discuss each of the steps. KEY QUESTIONS: Why is it important to take a base line? How can the reinforcer of an undesirable behavior be identified? Why is it important to apply a reinforcer consistently, especially at first?

BRAINSTORMING: Divide the class into small groups. Provide each group with a large sheet of newsprint or poster board and a felt-tip marker. Have the groups draw a chart with headings similar to the illustration below.

REINFORCERS FOR YOUNG CHILDREN

Tangible	Social	Self-rewarding

Ask students to brainstorm and list examples of reinforcers which might be appropriate for children in each of the three categories. Tangible reinforcers might include stickers, stars, a special activity, or a toy. Social reinforcers might include a hug, smile, or words of praise from the caregiver. Self-rewarding reinforcers are those internally felt rewards such as a feeling of pride in work well done, a sense of accomplishment, or joy at making a discovery. Have groups share their chart of reinforcers with other class members. KEY QUESTIONS: Will all of these reinforcers be rewarding to all children? Why? What type of reinforcers might be more effective with children who have special needs? How do you help children become self-rewarding? Some say that reinforcers are like bribery. Do you agree or disagree with this criticism? Why? Do you accept the assumption that all behaviors are learned? Explain.

HANDOUT: Give students a copy of Handout 38 which gives some guidelines for the use of time-out in a group child care setting. Discuss each of the guidelines with students. KEY QUESTIONS: What should be done if a child refuses to sit in the time-out area? How old should children be before this guidance technique is used?

OBJECTIVE

Develop problem-solving strategies which can be applied to group management problems.

TRANSPARENCY: Review the steps of problem solving as shown on Transparency 25. Briefly review observation techniques. Point out that there may be more than one way to solve a behavior problem. Discuss objective ways that caregivers can determine if their plans are effective.

TRANSPARENCY: Show students Transparency 26 which lists some ways that caregivers can resolve conflicts among the children in a positive manner. Discuss each of the strategies. KEY QUESTIONS: What kind of environment does not foster conflicts? What kind of environment fosters conflicts? Why is it important to try and let the children solve their own problems without assistance from a caregiver? What might a caregiver say to children involved in a conflict to help them? What kind of games or activities might help young children learn to handle conflicts? Are conflict situations always undesirable? Explain.

SIMULATION: Give students practice in analyzing problem behaviors and formulating plans. Invite a panel of experienced child caregivers to each present a case study involving a child's behavior problem. Have each panel member describe a situation but not the way in which the problem was solved. Divide the class into teams. Give each team approximately ten minutes to develop a plan for solving the behavior problem presented by the experienced caregiver. Allow the students to ask two additional questions of the experienced caregiver to further clarify the problem, if needed. Then let the teams describe their plan for each case study presented. After the teams have presented their plans, let the ex-

perienced caregiver tell the actual outcome of the situation. As a class discuss the value of the plans presented and point out that there are many creative ways to approach behavior problem solving.

REPORTS: Have interested students read and report on Eva Essa's book *A Practical Guide to Solving Preschool Behavior Problems*. This book uses the behavior modification approach and applies this technique to specific child behaviors such as hitting, swearing, disrupting group time, nonparticipation, and many others. Students might wish to develop a coordinated report so that strategies for many types of behavior problems can be reviewed.

DISCUSSION: Discuss Lab Experience 35 in which students observed undesirable behavior in a child and suggested a plan for changing that child's behavior. Remind the students not to use the real names of the children. Divide the class into pairs. Have the partners exchange lab reports and evaluate each other's plans. Encourage students to share other ideas for addressing the behavior problems observed.

Stress Management

OBJECTIVE

Develop stress management strategies for yourself as a caregiver of special children.

HANDOUT: Give students a copy of Handout 39 which is a stress profile. Ask students to complete the profile on themselves. As a follow-up suggest that students have a close friend or relative also complete the form on them so that any unrecognized signs of stress can be identified. KEY QUESTIONS: Why is it important to recognize the symptoms of stress in yourself? How might child caregiving in the mainstreamed setting be more stressful than in other child care settings? Can prolonged stress be physically damaging to your body? How?

BRAINSTORMING: Divide the class into small groups. Provide each group with a large sheet of newsprint or poster board and a felt-tip marker. Ask the groups to brainstorm about ways to relieve stress. Ask the groups to share their ideas. On the chalkboard list things that caregivers could do during the day while on the job to relieve stress. Ask students to make a personal list of those items which would work best for them in relieving stress.

DEMONSTRATION: Have a group of students or a professional mental health worker demonstrate physical activities which can be done on the job to relieve stress. Point out that a physical activity such as walking, stretching, or other physical movement is a natural way to relieve stress. When under stress the body's normal reaction is to prepare for "fight or flight," in other words to prepare for some kind of vigorous physical activity.

INNER/OUTER CIRCLES DISCUSSION: Use the inner and outer circles discussion technique to discuss the following open-ended sentence: "A child caregiver should call it quits with a special needs child if_____." Have students think about situations when it might be best for all concerned that a child be cared for by another caregiver or the caregiver should seek a different type of employment situation. [NOTE: The inner and outer circles discussion is conducted by dividing the class into two groups and arranging them in circles. The inner circle is surrounded by the outer. In both cases the students face the center of the circle. Give students the question or statement to be completed. The inner circle discusses the question for four minutes while the outer circle listens. Groups change places and the second group discusses the question, commenting upon remarks made by the first group. If needed, the first group can return to the inner circle and rebut any comments made by the second group.]

Promoting Positive Interactions Unit IV Test

DIRECTIONS

For Items 1-17, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ The key to positive group interaction is the
   A. parent.
   B. child caregiver.
   C. program director.
   D. non-special needs child.

2. _____ A two-year-old with a cleft palate was to be enrolled in the family day home system. Mrs. Smith's home was selected as the best place. After the parent and child visited Mrs. Smith's home, Mrs. Smith called the program coordinator. She felt that having a child with a physical disfigurement would be upsetting to the other children and parents and did not know if she should care for this child. The program coordinator should first
   A. recommend that Mrs. Smith get some professional counseling.
   B. try to help Mrs. Smith examine her own biases and feelings.
   C. suggest that Mrs. Smith share her concerns with the handicapped child's parents.
   D. tell Mrs. Smith that the child can be cared for by someone else.

3. _____ Fostering an appreciation of individual differences is especially important in a mainstreamed classroom. For this reason a caregiver would *not*
   A. challenge children to think of a different way to play musical chairs.
   B. use materials such as clay or finger paint.
   C. require all children to participate in each planned activity.
   D. point out children's special skills and talents.

4. _____ One of the best ways to help non-handicapped children empathize with and understand children with handicaps is to
   A. read stories about children with handicaps.
   B. visit a rehabilitation center with the children.
   C. have the children share experiences they have had with children with handicaps.
   D. provide simulation activities in which children experience what it would be like to have a handicap.

5. _____ While on a field trip a child notices a man with leg braces and crutches and comments, "That man walks funny." A caregiver, desiring to respond in a neutral manner, might say,
   A. "He walks differently from how you walk. The crutches and braces help him walk."
   B. "Please don't say unkind things about others. If he heard you, it would hurt his feelings."
   C. "Yes, and you should be thankful that you have good legs and don't have to use crutches and braces."
   D. "Why do you think he walks funny? I don't think he walks funny at all."

6. _____ A well-planned daily schedule will meet the special child's needs for security if
   A. large motor activities are balanced with small motor activities.
   B. the schedule is followed consistently.
   C. some time blocks are alternated from week to week.
   D. children are allowed to decide the sequence of events each day.

7. _____ The best way to help children with special needs move smoothly from one activity to another is to
   A. appoint a child to be the group leader.
   B. set a timer to ring when it is time to stop an activity.
   C. use an egg timer and have children try to be to the next area before the time runs out.
   D. give the children a warning several minutes before a change.

8. _____ When caring for children with special needs, it is especially important that the environment
   A. be arranged so that all areas of the room are easily accessible.
   B. be changed regularly so that children remain interested in the room.
   C. contains no private or alone spaces to which the special needs child can retreat.
   D. features special learning centers for the handicapped children.

9. _____ Undesirable behaviors are often fostered in environments where
   A. children must wait for a turn to use the puzzle.
   B. no more than four children can use the block center at one time.
   C. traffic flows around learning centers.
   D. materials are stored near the area where they are to be used.

10. _____ A learning activity which will foster cooperation among children is a
   A. sink and float experiment in the science center.
   B. tricycle race.
   C. prop box in the dramatic play center.
   D. work sheet with beginning letter sounds.

11. _____ The caregiver who is responding appropriately to the feelings of the child is

A. Ms. Dias. At the easel Danny spills a few drops of paint on his shoes. "Oh, no! My new shoes have paint," he says. Ms. Dias looks and says, "It is better to wear old shoes to the child care center. That way your good shoes are not ruined."

B. Mr. Timmons. Dustin is waiting a turn to swing. A ball rolls by and he turns to chase it for the other child. When he turns back to the swings, he sees that he missed his chance to take Lilly's place. Noticing Dustin's face, Mr. Timmons says, "Gee, Dustin. You must be disappointed that you missed a chance to swing. Let's ask Mirna how many more times she's going to swing before your turn."

C. Mr. Jackson. Belinda shares in circle time that her cousin is visiting at her house. "I hate Dotty when she comes. She has to sleep with me and gets all my toys," Belinda says. Mr. Jackson responds, "Belinda, you shouldn't say you hate someone. You're supposed to enjoy your cousin."

D. Ms. Tie. Ms.Tie's group is preparing for a field trip. The children in the room are laughing and moving around excitedly as they put on their coats. Ms. Tie comes in and says so all can hear, "OK! Are you ready? Let's hurry to the bus." All the children rush for the door at once.

12. _____ Maria and Julie are helping each other try on the new clothes in the dramatic play center. The caregiver says, "You two are a big help to each other. Maria you gave Julie just the right hat for her outfit." The caregiver is using a technique to promote cooperative play known as

A. modeling.
B. reinforcement.
C. extinction.
D. time-out.

13. _____ Nancy, a child with partial vision, listens to two children as they string wooden beads and make necklaces. The caregiver wants Nancy to initiate play. The caregiver should

A. let Nancy join the children when she is ready.
B. take Nancy by the hand and lead her to the table.
C. ask one of the two children to invite Nancy to play.
D. give Nancy the words she needs to tell the children she wants to play.

14. _____ To be effective, a positive reinforcer must be

A. something the child dislikes.
B. given immediately following the desired behavior.
C. delayed until the desired behavior is seen several times.
D. unexpected by the child.

15. _____ A caregiver says to a child with special needs, "Look how Tina and Rodney are taking turns with their game. Let's play dominoes and take turns, too." The caregiver is using a technique to promote sharing behavior known as
A. modeling.
B. reinforcement.
C. extinction.
D. time-out.

16. _____ Latricia frequently tattles on other children, reporting minor behavior problems of others. The caregiver decided to ignore Latricia when she comes to tattle. This technique to reduce an undesirable behavior is known as
A. modeling.
B. reinforcement.
C. extinction.
D. time-out.

17. _____ A caregiver might suffer from burnout or prolonged stress when
A. parent volunteers regularly come to assist with the children.
B. several special needs children are in the group and there is no aide.
C. planning periods are regularly scheduled.
D. the caregiver is required to attend parent meetings once a month.

DIRECTIONS

For Items 18-20, write a short essay.

18. If you were planning a weekly unit on understanding the needs of the hearing handicapped, what activities would you include?

19. What activities or materials help children with special needs learn to cooperate with others? List several examples.

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20. If you cared for a child who frequently exhibited aggressive behavior, how would you go about changing the child's behavior?

Performance Objectives

Learning in the Mainstreamed Child Care Program
Unit V

Planning to Individualize

- Explain the importance of individualized learning in the mainstreamed child care program.
- Use data from observations and assessments to plan for each child's individual learning needs.
- Develop guidelines for working with other professionals in meeting the individual child's learning needs.

Providing Individualized Learning

- Use a vareity of teaching techniques which are effective in promoting individual learning in children with special needs.
- Provide learning experiences which are developmentally appropriate for the range of abilities in the group, focusing on what the children *can* do.
- Demonstrate the ability to modify or adapt learning materials to meet the needs of special children.

Learning Self-Help Skills

- Develop strategies for promoting self-help skills in children with special needs.

References

PLANNING TO INDIVIDUALIZE

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Brooks, K. W. and Deen, Carol. "Improving Accessibility of Preschool Facilities for the Handicapped."

Cook, Ruth E. and Armbruster, Virginia B. *Adapting Early Childhood Curricula: Suggestions for Meeting Special Needs.*

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Humanics Associates. *Planning for Children: Developing Skills to Plan and Implement an Individualized Educational Preschool Program, Volume I, A Self Instruction Guide.*

Humanics Associates. *Planning for Children: Developing Skills to Plan and Implement an Individualized Educational Preschool Program, Volume II, A Trainer's Manual.*

Mori, Allen A. and Olive, Jane E. *Handbook of Preschool Special Education: Programming, Curriculum, Training.*

Schwartz, Sydney L. and Robinson, Helen F. *Designing Curriculum for Early Childhood.*

Thompson, Duane G. *Writing Long-Term and Short-Term Objectives: A Painless Approach.*

Winklestein, Ellen, et al. "Early Childhood Educational Objectives for Normal and Retarded Children."

PROVIDING INDIVIDUALIZED LEARNING

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Anderson, Frances. *Art for All the Children: A Creative Sourcebook for the Impaired Child.*

Children with Special Needs in Day Care—A Guide to Integration: A Guide for Integrating Developmentally Delayed Children Into Regular Day Care Services.

Cook, Ruth E. and Armbruster, Virginia B. *Adapting Early Childhood Curricula: Suggestions for Meeting Special Needs.*

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

NOTE: Complete citations can be found in the Bibliography at the end of this guide.

Edwards, Elizabeth A. and Hagan, Joan M. *A Piagetian Approach to a Mainstreamed Preschool.*
Findlay, Jane, et al. *A Planning Guide to the Preschool Curriculum: The Child, the Process, the Day.*
Kokaska, Sharen. *Creative Movement for Special Education.*
Kolucki, Barbara. *Sharing the Street: Activities for All Children.*
Lange, Jenny, et al. (eds.). *Out of the Nest: Instructional Strategies to Prepare Young Exceptional Children for the Mainstream.*
Lovitt, Tom. "Precision Teaching."
Mori, Allen A. and Olive, Jane E. *Handbook of Preschool Special Education: Programming, Curriculum, Training.*
Neisworth, John. *Individualized Education for Preschool Exceptional Children.*
Rogovin, Anne and Cataldo, Christine Z. *What's the Hurry? Developmental Activities for Able and Handicapped Children.*

LEARNING SELF-HELP SKILLS

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*
Cook, Ruth E. and Armbruster, Virginia B. *Adapting Early Childhood Curricula: Suggestions for Meeting Special Needs.*

AUDIOVISUALS

Fulfillment of Human Potential (The Special Education Curriculum Design Series: A Multisensory Approach.)
The Handicapped Child: Infancy Through Preschool.
I'm Just Like You. Part II: Dealing with the Problem.
Including Me.
The Madison School Plan.
Mainstreaming Techniques: Life Sciences and Art. (The Special Education Curriculum Design Series: A Multisensory Approach.)
One Step at a Time: Introduction to Behavior Modification.
Peer Conducted Behavior Modification.
School Is for Children.
Staff Development in Special Education: Developing an Individualized Education Program.
Stress.
Therapeutic Toys.
Therapy Through Play.
Thinking Like a Child.
Working with Handicapped Children: A Special Need, A Special Love, Set Two--Support from Educators.
Working with Handicapped Children: A Special Need, A Special Love, Set Three--Support from the Helping Professions.

Suggested Classroom Experiences

Planning to Individualize

OBJECTIVE

Explain the importance of individualized learning in the mainstreamed child care program.

DISCUSSION: Ask each student to write on a slip of paper a definition for the term "individualized learning." Collect the slips of paper and read the definitions back to the class. Discuss each. Agree on a class definition of the term, drawing upon the discussion of the individual definitions. Have each student write an example to illustrate your class definition of individualized learning. For example, a student might describe a real experience in which he or she provided a learning experience designed especially for an individual child. Have students share their examples. KEY QUESTIONS: Why is individualized learning so important to children with special needs? What advantages and possible disadvantages might be associated with individualized learning?

OBJECTIVE

Use data from observations and assessments to plan for each child's individual learning needs.

CHECK LISTS: Ask students to collect copies of developmental check lists. [NOTE: Developmental check lists can be found in many references such as *Mainstreaming in Early Childhood Education* by Allen and *Adapting Early Childhood Curricula* by Cook and Armbruster. Also, many of the screening instruments such as the *Portage Guide to Early Education* can also be used as developmental check lists. Students might also obtain copies of the kindergarten screening instrument from local school districts.] Have students bring copies of these check lists to class. Divide the class into small groups. Ask the groups to discuss and compare the examples of developmental check lists. Point out that developmental check lists give sequences of development in various areas such as language, cognitive, and self-help. As a class discuss how developmental check lists can be used by child caregivers to plan for individualized learning. KEY QUESTIONS: Once a child's level of skill in an area has been determined, at what point on the check list should the caregiver provide learning experiences? How can such developmental check lists be used to provide information to the IEP planning group or in evaluation of a child's progress? Point out that a child care program may wish to develop its own developmental check list,

drawing upon those developed, but tailored to match the program's goals and philosophy. As a follow-up assignment, some students might wish to compile their own check lists.

GUEST SPEAKERS: Invite several resource persons from your community who have been involved in planning IEPs to be guest speakers for your class. Ask them to describe how a planning meeting is conducted. The speakers involved in making assessments should also explain how the information from various assessments is used to develop the child's IEP.

DISCUSSION: Ask students who were able to complete Lab Experience 36 to discuss their experiences. KEY QUESTION: What are the advantages of having a team of professionals, as opposed to a single individual, plan for a child's learning needs? List these advantages on the chalkboard.

BULLETIN BOARD: Obtain copies of two IEPs. Black out any identifying information. Post these IEPs on a bulletin board and identify the seven parts of the IEP which include:

- A statement about the child's current level of performance
- Annual goals
- Short-term instructional objectives
- Educational services to be provided
- How much the child can participate in programs along with non-special needs children
- Dates on which services will begin and end
- Evaluation criteria

Use labels and yarn to identify the parts. As a follow-up, have students study other examples of IEPs. [NOTE: A blank IEP form may be used instead of a completed one.]

SKITS: Assign groups of students to write and perform skits illustrating an IEP planning meeting. [NOTE: *Adapting Early Childhood Curricula* by Cook and Armbruster contains a case study which gives a record of what was said at one IEP planning meeting. You might have a group of students use this case study for their skit.] KEY QUESTIONS: During an IEP planning meeting, does everyone have an equal say in what is decided about the child's needs? Why is it so important that parents be included? Do you think it would be appropriate for a school-aged child to participate in his or her own IEP planning meeting? Why? After the skits have students write a summary paper on the role of the child caregiver in the IEP planning meeting.

TRANSPARENCY: Give students a copy of Transparency 27 which lists some guidelines for writing objectives. Point out to students the three parts of an objective listed under "Be specific."

FLIP CHART: Use a flip chart to lead a discussion on generating objectives from goals. [PREPARATION: Use poster boards or a newsprint tablet to make a flip chart. On one page list a goal which might be appropriate for a child with special needs. The folowing page or two should be left blank. List another goal, followed by blank

pages, and so on. Some of the following goals might be used:

- The child will improve relationships with peers.
- The child will learn to dress and undress with a minimum of assistance.
- The child will increase her or his receptive and expressive vocabulary.

Add additional goals or ask students to suggest some.] In class, display one of the goals. Ask students to suggest what specific objectives might be made for accomplishing the goal. On the blank pages following each goal, list the objectives suggested by the students. Encourage them to make the objectives complete. A complete objective has the following three parts: 1) action to be done, 2) under what conditions, and 3) to what extent or the degree to which the objective is to be achieved. Continue the discussion for each of the goals listed on the flip chart.

GAME: Play a game to help students identify the three parts of an objective. [PREPARATION: Before class prepare several posters with complete objectives. Underline one of the three parts of the objective. For example, one objective might read: "Adele will be able to point to the correct picture of the everyday object named when presented with ten pictures *with 80 percent accuracy*." The part in italics (underlined) represents that portion of the objective which tells to what extent or how much the objective is to be performed. For other objectives, underline other parts.] In class have students prepare three flash cards. On each card they write down one of the three parts of an objective: 1) action to be done, 2) under what conditions, and 3) to what extent or the degree to which the objective is to be achieved. Show one of the posters with an objective. Students hold up a flash card which they think tells what part of the objective is underlined. Give students the correct answers. Discuss with students any questions they may have about identifying the parts of an objective. [NOTE: This activity could be used as a pre- and post-test on understanding the parts of objectives. The flash cards will tell you which students are able to recognize the parts of the objective.]

DISCUSSION: Have students discuss Lab Experience 37 in which they used a developmental check list to observe a child and to write learning objectives. Have students share their experiences. Students might exchange lists of learning objectives and evaluate the objectives for the correct three-part format.

OBJECTIVE

Develop guidelines for working with other professionals in meeting the individual child's learning needs.

HANDOUT: Give students a copy of Handout 40 which will help students learn about the various other professionals who work with children with special needs. Assign students to check references or interview persons in the special education field to find out about what these professionals do for young special needs children. Provide time in class for students to report on their findings and

make any changes or additions on their own handouts.

FILM: Show students the filmstrip *Working with Handicapped Children: A Special Need, A Special Love, Set Three–Support from the Helping Professions* produced by Parent's Magazine Filmstrips. [NOTE: See bibliography at the back of this guide for detailed ordering information.] This filmstrip shows ways that parents and special needs children work with professionals.

DISCUSSION: Provide time in class for students to discuss Lab Experiences 38 and 39 in which they interviewed and observed various professionals who also work with special needs children. Have students especially share insights that they may have gained about how child caregivers could work more effectively with special needs children.

ROUND TABLE DISCUSSION: Conduct a round table discussion with two students and two other professionals who also serve children with special needs. Provide a list of the following questions for their disucssion:

- Sometimes members of the IEP team feel uncertain about contributing to the planning and evaluation processes necessary for an individualized program. How can team members help each other feel that they can all make valuable contributions?
- Professionals from various disciplines often use jargon or terms familiar only to them. What might be done to avoid misunderstandings caused by the use of jargon?
- Sometimes professionals disagree on the best way to meet a child's special needs. How can child caregivers and other professionals resolve such differences of opinion?

Ask students in the class to listen to the discussion of these three questions. While they are listening, encourage them to make notes and write down additional questions. Provide time for students to ask the round table participants any additional questions.

Providing Individualized Learning

OBJECTIVES

Use a variety of teaching techniques which are effective in promoting individual learning in children with special needs.

Provide learning experiences which are developmentally appropriate for the range of abilities in the group, focusing on what the children *can* do.

HANDOUT: Give each student a copy of Handout 41 which is a form for recording a task analysis. Divide the class into teams. Provide each team with a card describing a behavior which might be found on a developmental check list. For example:

- Child uses a four-foot slide
- Child prints own name
- Child uses glue effectively on art work
- Child arranges graduated cylinders in order from smallest to largest

•Child matches like textures by touch only

Ask each team to break down the behavior into smaller steps. Also ask them to write a complete terminal objective including all three parts of the objective. Have teams share their task analysis and the process through which they developed the analysis. Students might wish to have copies of the task analysis made for future reference. [NOTE: This activity could be expanded by having students develop several task analyses for behaviors in one developmental area such as language, cognitive, or motor development.]

DISCUSSION: Discuss Lab Experience 40 in which students use observation to develop a task analysis. KEY QUESTIONS: What is the value of observation when developing task analyses? How far can a task be broken down? Where do you "draw the line"? How would the child's individual needs determine the extent to which a task is broken down? How long should it take for a child to master each step in the sequence?

TRANSPARENCY: Review the steps of precision teaching by discussing Transparency 28 with students. On the chalkboard record a discussion of the advantages and disadvantages of precision teaching for children with special needs.

DISCUSSION: Provide time in class for students to report on Lab Experience 41 in which they conducted a precision teaching activity. Ask students to share the results of their efforts and what insights they may have gained as a result of the experience.

FILM: Show students a film which focuses on learning in the mainstreamed setting. If possible have student view two films which feature different approaches to learning. Ask students to contrast the two types of approaches. [NOTE: See list of suggested films at the beginning of the unit.]

TRANSPARENCY: Show students Transparency 29 which describes the features of discovery learning. KEY QUESTIONS: What role can discovery learning play in the mainstreamed child care program? What examples of inductive reasoning can you give to illustrate how children gain concepts and generalizations? What type of problem-solving learning experiences would be appropriate for children with special needs? How can you balance one child's need for much stimulating activity with another child's need for less stimulating activity within the same group of children? Why is it important to let children experiment and find their own answers? Is the answer as important at the process? Why?

DEMONSTRATIONS: Assign students to develop a science activity adapted for children with special needs using the discovery method. Students can record their activities on the Experience Plan form (Handout 34) or the Learning Center Plan form (Handout 35). In class provide time for students to demonstrate their activities suitable for young children with special needs. Students might wish to have copies of each other's activity ideas. [NOTE: Stu-

dents may find ideas for their activities in one of many books on science for young children.]

RESEARCH REPORTS: Assign interested students to reasearch the work and methods of Maria Montessori. Have students focus on how this method and the Montessori materials are effective for children with special needs. If possible have student bring in examples of the Montessori equipment or arrange for a field trip to a Montessori school. Have students identify other similar types of equipment which may be available at lower costs through educational equipment companies. Provide time for students to present this information to the rest of the class.

BRAINSTORMING: Divide the class into small groups. Provide each group with large sheets of newsprint or poster boards and felt-tip markers. Ask students to also have copies of the task analyses that they have done for previous activities. Have the groups brainstorm about activity ideas that could be used to help children practice developing skills. Students focus on behaviors listed on their tasks analyses and think of a variety of ways to help a child practice that behavior. For example a child may be learning to hop on one foot. Students should think of as many different ways as they can that a caregiver could structure the environment or provide learning activities for the child to practice this developing skill. [NOTE: The purpose of this activity is to help students understand the importance of providing opportunities for children to practice skills in many different situations.] Provide time for students to share their ideas. KEY QUESTIONS: What special needs in young children would require much repetition and practice of skills? Is it possible for children to "over learn" a skill or practice too much? Explain.

DISCUSSION: Write the following sentence on the chalkboard:

> Children learn by actively engaging their environment through all their senses.

Discuss the meaning of this sentence. Point out the importance, especially for special needs children, to have many multisensory experiences. Many children with special needs have physical or sensory handicaps which limit their ability to gather information about their environment through their senses. Discuss ways that the environment and learning experiences can be structured to provide multisensory experiences.

ACTIVITY FILES: Have students add examples of multisensory experiences to their acitivity files by recording learning experience ideas or learning center ideas on Handouts 34 and 35. You might have some students demonstrate their ideas. Provide time in class for sharing.

HANDOUT: Give students a copy of Handout 42 which discusses the importance of gaining and holding the special child's attention. Review each of the points listed. KEY QUESTIONS: What examples of moderately novel experiences can you give? What kind of finger plays or action songs help the caregiver gain children's

attention? How might you help children increase their attention span?

OBJECTIVE

Demonstrate the ability to modify or adapt learning materials to meet the needs of special children.

DISCUSSION: Provide time in class for students to report on Lab Experience 42 in which they interviewed special child educators about ways of modifying or adapting materials for the special needs child.

POSTERS: Follow up the above discussion by having students make posters to illustrate ways to modify materials for special needs children. Assign several students to each category of special need: mental retardation, learning diabilities, hearing impairments, visual impairments, physically handicapping conditions, speech handicapping conditions, behavioral handicapping conditions, and gifted and talented.

WORKSHOP: Plan and conduct a workshop in which students will have an opportunity to make materials appropriate for children with various special needs. Ideas for things to make can be found in Deiner's *Resources for Teaching Young Children with Special Needs*, Cook and Armbruster's *Adapting Early Childhood Curricula*, and Rogovin and Cataldo's *What's the Hurry? Developmental Activities for Able and Handicapped Children*.

Learning Self-Help Skills

OBJECTIVE

Develop strategies for promoting self-help skills in children with special needs.

TRANSPARENCY: Show students Transparency 30 which lists the four basic areas of self-help skills and some of their component behaviors. Discuss each of these areas. Ask students to think about the skills involved. KEY QUESTIONS: At what age is it considered appropriate for normally developing children to master each of these self-help skills? Of these self-help skills which would be most difficult for children with physical disabilities to manage? For children with visual or hearing impairments? For children with mental retardation? Why is it so important that children learn these self-help skills in early childhood?

PRESENTATIONS: Divide the class into teams. Assign teams to one area of self-help skills. Ask each of the teams to prepare a presentation on strategies for teaching self-help skills to young children with special needs. Students should break tasks down into small steps and demonstrate ways that each step could be taught. Students might make slides or poster to illustrate a self-help task analysis. Demonstrations of techniques would also be effective. Provide time in class for presentations. Follow up the activity by having students prepare a handbook on strategies for teaching self-help skills.

Learning in the Mainstreamed Child Care Program

Unit V Test

DIRECTIONS

For Items 1-17, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ Individualized learning for special needs children is
   A. assigning each special child an exclusive caregiver.
   B. grouping children according to ability level.
   C. providing mainly free-choice activities from which children can decide what they wish to do.
   D. providing learning experiences to match a child's needs and abilities.

2. _____ The caregiver providing individualized learning is
   A. Ms. Rolezynski. Ms. Rolezynski provides a variety of materials for the children to make collages. She provides colorful paper, scissors, and glue for those who can cut and glue? tissue paper and glue for those who can tear and glue; and assorted stickers for those who can use stickers.
   B. Mr. Davis. For Mother's Day, Mr. Davis involves the children in a craft activity. He provides the children with a model of the flower basket they are supposed to make. He makes baskets for those children who are unable to make a basket like the model.
   C. Ms. Smiley. In April of each year Ms. Smiley starts toilet learning for all the toddlers in her class. She works with each child, including those with special needs.
   D. Mr. Mills. Mr. Mills feels that it would be good for the after-school children in his class to review their multiplication tables. For the first half-hour each day, he has them practice writing one of the tables.

3. _____ A child's IEP is primarily based on
   A. legal forms which come from Public Law 94-142.
   B. observations and assessments.
   C. desires of the child's parents.
   D. behaviors which will be necessary in public school.

4. _____ A component which is *not* required on the child's IEP is
   A. a list of short-term objectives.
   B. a task analysis of behaviors to be learned.
   C. information about the child's present level of performance.
   D. dates when services are to begin and end.

5. _____ Of the following, the complete objective is
   A. the child will match six colors.
   B. the child will string four large wooden beads and be able to sort twelve beads into three categories–small, medium, and large–within a ten minute time frame.
   C. the child will jump in place, with both feet together, for 15 seconds during the dance record, without losing his or her balance.
   D. the child will be happy for one hour during free play time.

6. _____ A professional who might help a child develop self-help skills is a (an)
   A. occupational therapist.
   B. audiologist.
   C. diagnostician.
   D. pediatrition.

7. _____ A professional who might prescribe a hearing aid for a child is a (an)
   A. occupational therapist.
   B. audiologist.
   C. diagnostician.
   D. physical therapist.

8. _____ The caregiver did not feel that the behavior modification technique recommended by the psychologist was working. In such a situation the caregiver should
   A. continue applying the strategy and say nothing.
   B. modify or change the strategy.
   C. talk to the psychologist about the problem.
   D. try a different approach all together.

9. _____ Breaking down skills into small steps is known as a (an)
   A. behavorial objective.
   B. individualized lesson plan.
   C. reverse chain.
   D. task analysis.

10. _____ Once a skill is broken down into small steps the caregiver
   A. determines where the child is in the sequence.
   B. begins teaching the child the entry behavior.
   C. begins teaching the child the en route behaviors.
   D. has the child practice the terminal objective.

11. _____ Precision teaching is
   A. a method for teaching small motor skills to children with special needs.
   B. most effective in helping children learn social skills.
   C. a way to achieve an objective in a step-by-step manner.
   D. an effective way to teach several children at the same time.

12. _____ In order for precision teaching to be effective, the caregiver must
   A. start the child at the beginning of the sequence.
   B. work individually with the child.
   C. provide opportunities for the child to model others' behavior.
   D. chart and evaluate progress.

13. _____ To encourage a child to move through the behavioral sequence, the caregiver needs to have skill in
   A. controlling reinforcements.
   B. reverse chaining.
   C. task analysis.
   D. solving behavior problems.

14. _____ A learning technique which focuses on forming concepts through experimentation is known as
   A. reverse chaining.
   B. peer modeling.
   C. discovery learning.
   D. trial and error learning.

15. _____ Many self-help skills can be taught by helping the child learn to do the last step in the sequence, then working backward. This technique is known as
   A. task analysis.
   B. reverse chaining.
   C. discovery learning.
   D. programed instruction.

16. _____ To help children learn to concentrate and attend to the task at hand, caregivers should
   A. give children practice in waiting and taking turns.
   B. actively involve children in a novel learning experience.
   C. provide many types of materials to choose from for each activity.
   D. have children work in groups so that they can model each other.

17. _____ A cargiver wishing to teach a child how to put on socks using reverse chaining would start by having the child

A. place her or his thumbs inside the sock and gather the sock up to the toes.
B. pull the sock up once the caregiver has placed it over the child's toes.
C. put on the sock after the caregiver hands her or him the sock with the heel in the correct position.
D. pull up the sock once the caregiver has pulled the sock just over the child's heel.

DIRECTIONS

For Items 18-20 write a short essay.

18. What are the advantages of developing and using an Individualized Education Program for children with special needs? What benefits result for non-special needs children?

19. In what ways might you modify learning activities or materials for a child with a visual impairment? List at least three modifications.

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20. What are the components of the precision teaching method? List and briefly describe each one.

Performance Objectives

Supporting Parents Unit VI

Supporting Parents

- Develop appropriate attitudes toward parents of special needs children.
- Analyze the importance of the parents' role in successful mainstreaming.
- Analyze the caregiver's role in meeting the needs of parents with special children.
- Develop effective communication techniques for working with parents in the mainstreamed child care program.
- Devise strategies for promoting positive feelings and attitudes in parents toward mainstreaming.
- Evaluate programs for involving parents in the mainstreamed child care program.

References

SUPPORTING PARENTS

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Burgoon, Judee K. and Saine, Thomas. *The Unspoken Dialogue: An Introduction to Nonverbal Communication.*

Buscaglia, Leo. *The Disabled and Their Parents.*

Combs, A.W., et al. *The Professional Education of Education of Teachers: A Humanistic Approach to Teacher Preparation.*

Cook, Ruth E. and Armbruster, Virginia B. *Adapting Early Childhood Curricula: Suggestions for Meeting Special Needs.*

Davidson, C. "Parents' and Teachers' Responses to Mainstreaming."

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Dunlop, Kathleen H. "Mainstreaming: Valuing Diversity in Children."

Garry, V.V. "Mainstreaming: Children's Books About Children with Disabilities."

Goetz, Elizabeth M. and Allen, K. Eileen (eds.) *Early Childhood Education: Special Environmental, Policy, and Legal Considerations.*

Guralnick, Michael J. *Early Intervention and the Integration of Handicapped and Nonhandicapped Children.*

Hall, Eleanor and Skinner, Nancy. *Somewhere to Turn: Strategies for Parents of Gifted and Talented Children.*

Kroth, R.L. *Communicating with Parents of Exceptional Children: Improving Parent-Teacher Relationships.*

Meisels, Samuel J. "First Steps in Mainstreaming: Some Questions and Answers."

Michaelis, Carol T. *Home and School Partnerships in Exceptional Education.*

Muir, Katherine A., et al. "Advocacy Training for Parents of Handicapped Children: A Staff Responsibility."

Note: Complete citations can be found in the bibliography at the end of this guide.

Pizer, Vernon. *You Don't Say: How People Communicate Without Speech.*
Reynolds, M.C. and Birch, J.W. *Teaching Exceptional Children in all America's Schools.*
Seligman, Milton. *Strategies for Helping Parents of Exceptional Children: A Guide for Teachers.*
Souweine, Judith, et al. *Mainstreaming: Ideas for Teaching Young Children.*
Widerstrom, Anne. "Mainstreaming Handcapped Preschoolers: Should We or Shouldn't We?"

AUDIOVISUALS

It Could Have Been Your Child... Your Brother... Your Sister
Integration of Handicapped and Nonhandicapped Preschool Children: Parent's Perspective
It's Harder for Patrick (The Best of Zoom Series)
Stress: Parents with a Handicapped Child
Working with Handicapped Children: A Special Need, A Special Love
Set One: *Support from the Family*
Set Four: *Support from the Community*

VSI

Suggested Classroom Experiences

Supporting Parents

OBJECTIVE

Develop appropriate attitudes toward parents of special needs children.

CASE STUDIES: Collect and prepare case studies about parents who have unfortunate experiences with insensitive caregivers or other professionals. [NOTE: Be sure to change the names and any identifying details to protect the parents and children.] Give copies of the case studies to each student. Divide the class into small groups and ask the group members to analyze each of the cases. KEY QUESTIONS: In each case what seemed to be the cause of the misunderstanding or problem? In what way did the attitude of the caregiver or other professional influence the parents? How could each of these situations have been of benefit rather than harm to the children and their families?

ROLE PLAY: Develop several scenarios where a caregiver is meeting with parents of a special needs child. These might be in different settings such as a parent-caregiver conference, at arrival or departure times, in a parent meeting, etc. Have one group of students focus their role play on a caregiver who has inappropirate attitudes. Have a second group focus on a caregiver with appropriate attitudes. Have the students perform the contrasting scenarios. KEY QUESTIONS: How are interactions more mutually satisfying with more appropriate caregiver attitudes? What is the effect on the child? How do inappropriate caregiver attitudes affect the parents and the child? Why do caregivers sometimes develop negative attitudes toward parents of special needs children?

DISCUSSION: Have students discuss the information they gathered as a part of Lab Experience 44. In this lab, students gave a questionnaire to two child caregivers to assess their attitudes toward parents of special needs children. KEY QUESTIONS: In general, how did the caregivers feel about the parents of special needs children? Did the experiences of the caregivers seem to have a great effect on attitudes? Explain. [NOTE: As follow-up activity, collect all the questionnaires and compile the results. Analyze these results as an informal survey.]

CARTOON: Have students draw a caricature of the child caregiver with the right attitudes about parents of special needs children. The drawing can be labeled with things like "warm heart," atten-

tive ear," "honest eyes," and "fast feet for tracking down facts." Provide time in class for students to share their caricatures. Follow up the activity by making a bulletin board display featuring the cleverest ideas. KEY QUESTION: Fun aside, how could you tell if a caregiver had these qualities?

OBJECTIVE

Analyze the importance of the parents' role in successful mainstreaming.

DISCUSSION: Write on the chalkboard the following statement: "Parents are the primary educators of their children." Have students discuss the validity of this statement and to what extent they believe it to be true. KEY QUESTIONS: Is this statement true for parents of special needs children? Why? If a child caregiver believes this statement to be true, how will it affect her or his attitude toward parents?

PANEL DISCUSSION: Invite a parent with a special needs child, a parent with a non-special needs child, a caregiver, and a director from a mainstreamed child care program to visit with the class. Ask the panel members to discuss the role of parents in successful mainstreaming. Have them also suggest ways that caregivers can support the role of parents. KEY QUESTIONS: Why is it important to have parents with non-special needs children support the concept of mainstreaming? What seems to be the most important element of the parents' role in successful mainstreaming? How can caregivers help parents fulfill their role? Without parental support can mainstreaming be successful? Explain.

BRAINSTORMING: Ask small groups of students to brainstorm about ways parents can reinforce at home what is being done at the child care center and *vice versa*. Have students list their ideas on newsprint sheets. Provide time for groups to share their lists of ideas. As an independent project, assign one or two students to develop a master list of the ideas and prepare a handout for the students.

GUEST SPEAKER: Invite an early childhood special educator to class. Ask the speaker to provide students with concrete suggestions on how to work with children with various disabilities. Ask the speaker to focus on how these ideas can best be passed on to parents and how parents can be supported in putting these ideas into practice at home.

DISCUSSION: Discuss with students Lab Experience 45 in which they interviewed a child care program director about the parents' role in successful mainstreaming. Ask each student to share ideas gleaned from the directors that were interviewed. KEY QUESTIONS: In what way does the director set the tone for parent involvement? Do parents of a child with special needs seem to be more willing to participate in activities at the center than parents who do not have a child with special needs?

OBJECTIVE

Analyze the caregiver's role in meeting the needs of parents with special needs children.

HANDOUT: Give students a copy of Handout 43 which lists the stages of parental reaction to a child's handicap. Discuss each of the stages of parental reaction to a child's handicap. Discuss each of the stages. KEY QUESTIONS: How are these stages similar to the stages of grief that someone goes through at the impending death of a loved one? Why is it important for child caregivers to recognize and understand these stages? As a follow-up activity prepare several vignettes which illustrate parents at various stages. Read the vignettes to the students. Have the students identify the stage that the parent may be experiencing. Ask students to suggest how a caregiver could help each of the parents described. Point out that some experts do not see these stages as sequential.

PANEL DISCUSSION: Invite a panel of parents of special needs children to class. Carefully select parents who would feel comfortable sharing some very personal feelings. Give them copies of Handout 43 before they come. Ask them to discuss their own feelings and "stages" in coming to accept their children's special needs. Ask them to discuss how they feel that caregivers and teachers helped or hindered that process. [NOTE: It would be more meaningful to have parents of children of different ages–infancy through adulthood.]

FILM: Show a film about the needs of parents of children with special needs. Before the film ask students to write a short essay describing how they would feel and what they would need if one of their own children were to become handicapped. After the film ask students to evaluate their own projected feelings in comparison with those shown on the film. KEY QUESTIONS: What things did these parents experience that you did not anticipate? Can parents prepare themselves for having a child with special needs? If so, how? [NOTE: See the list of suggested films at the beginning of the unit.]

DISCUSSION: Ask students to report on Lab Experience 46 in which they visited with two parents of special needs children. On the chalkboard list needs which parents of special needs children may have. Circle those needs that caregivers might be able to address. KEY QUESTIONS: How far should child cargivers be willing to go to meet the needs of parents with special needs children? For those needs not circled on the list, where can parents go for assistance?

HANDOUT: Give students a copy of Handout 44 which lists pitfalls to avoid when trying to meet parents' needs. Discuss each of the points. KEY QUESTIONS: How are these pitfalls obstacles to good parent-caregiver communication? How can caregivers help parents feel positive and at the same time give them a realistic picture of their child's abilities? How does attention to parents' re-

quests build a trusting relationship? How can a caregiver show parents that she or he is a competent caregiver for their special needs child?

DIRECTORY: Have interested students prepare a directory of local services or agencies in the community to which caregivers might refer parents of special needs children. Prepare the list as a handout and give a copy to each student. This list can be given to parents in need of referral information. As a follow-up activity prepare a similar directory of national organizations. Have students identify services that these organizations provide to parents of special needs children.

OBJECTIVE

Develop effective communication techniques for working with parents in the mainstreamed child care program.

TRANSPARENCY: Show students Transparency 31 which lists several "keys" to effective communciation between parents and child caregivers. Discuss how each of these characteristics contributes to open and positive relationships with parents. Ask students to give examples illustrating each of these characteristics. For example, a caregiver who follows up a parent request and carefully keeps shared information confidential is being trustworthy. The caregiver who tells a parent in a factual way what a child did is being clear and objective.

FLIP CHART: Help students review and practice the communcation technique of *active listening* by using a flip chart activity. Recall for students that active listening involves reflecting back to the speaker what the listener thinks the speaker said. The purpose is to ensure that the listener understood what was said by the speaker. [PREPARATION: On each page of a flip chart (made from a newsprint table or several sheets of poster board) write a statement that a parent might make to a caregiver. For example, "I have some concerns about my child's progress over the last three months." After the statement write several responses that the caregiver could make, including one that is an example of active listening. For example, the following responses, one of which is an example of active listening, might follow the parent's statement.

- "I'm sure we're doing all we can."
- "You shouldn't feel badly about how your child is doing."
- "I'm sure your child will move along faster now."
- "You see some problems with the progress your child has been making recently."

Only the last statement is an example of active listening. Continue to develop the flip chart with other sets of parent statements and possible caregiver responses.] In class have students identify the statements that are examples of active listening. You might include several parent statements on the flip chart without corresponding caregiver responses and let students suggest appropriate active listening responses.

TRANSPARENCY: Show students Transparency 32 which illustrates several roadblocks to good listening. Explain the importance of good listening skills in the communiation process. The brain can process more than 600 words per minute, yet we can only speak about 100-125 words per minute. During the time that a person is listening, there is plenty of time for other thoughts to be processed in one's mind. It is always harder to listen to someone with whom you disagree than it is to listen to someone with whom you agree. Emotions can cloud the message you receive from someone with whom you disagree. Another block to good listening is planning your response while someone else is talking. KEY QUESTIONS: With these factors in mind, what guidelines can you offer for developing good listening skills; What can you think about during the time you are listening; What should you do if your mind wanders and you miss something? Ask students to develop a set of guidelines for good listening skills that they can use as a reference.

DISCUSSION: Ask students to share the observation which they did for Lab Experience 47 (of parents at arrival and departure times.) Have students share their answers to each of the key questions on the lab experience. KEY QUESTIONS: What other ways can parents who are usually on a limited time schedule share information with their child's caregiver? What might a child care program director or caregiver do to encourage parents to stay and visit for a while at arrival and departure times? Point out that this brief time when parents and caregivers meet is critical to good parent-caregiver relationships. Caregivers must develop skills in making the most of this time.

BRAINSTORMING: Ask students to brainstorm about the words and phrases caregivers and other professionals use which could be classified as jargon, Point out that any word or phrase which is specific to special education and not generally used by most people can be classified as *jargon*. Have one student list these words and phrases on the board as students suggest them. Evaluate each one as to the likelihood that it would be familar to the parent or, if not, that it would be misinterpreted. Ask students to suggest another way to phrase each word or statement to make it more understandable to parents unfamiliar with the jargon. Some terms might include: diagnosis, prognosis, IEP, ARD committee, TMR, EMR, due process, etc.

RESEARCH REPORTS: Ask interested students to research for information about *body language*. Students can prepare and give a demonstration or report to the class. Have students point out ways to recognize the feelings of parents through their body language. [NOTE: Suggest references such as *The Unspoken Dialogue: An Introduction to Nonverbal Communication* by Burgoon and Saine, or *You Don't Say: How People Communicate Without Speech* by Pizer. See the bibilography at the end of this guide for complete information.] KEY QUESTIONS: What happens when a verbal message is accompanied by a conflicting nonverbal message? What implications from your study of body language can you

make for cargivers of special needs children as they strive to work with parents?

HANDOUT: Give students a copy of Handout 45 which summarizes the many ways that caregivers and parents can communicate. Discuss each of the items listed. Provide examples of some items such as newsletters, child notebooks, and bulletin board ideas. KEY QUESTIONS: Why is it important to use a variety of communication mediums with parents? How often should caregivers conduct conferences and parent meetings, call home, send newsletters, or change the bulletin board? What other ways can you suggest for communicating with parents?

ROLE PLAYS: Divide the class into teams. Assign teams to role play one of the following communication events between parents and caregivers: arrival time, a telephone call, a parent-caregiver conference, a home visit, a parent's unannounced visit to the center. Discuss the caregiver's role in promoting good communication with parents for each situation.

OBJECTIVE

Develop strategies for promoting positive feelings and attitudes in parents toward mainstreaming.

TRANSPARENCY: Show students Transparency 33 which lists ideas for promoting positive feelings in parents toward the concept of mainstreaming. Discuss how each of the ideas helps to educate parents about mainstreaming and provide opportunities for parents to exchange feelings. Ask the students to suggest additional strategies. These can be written on the transparency. KEY QUESTIONS: Why is it important that parents of non-special needs children have a positive attitude about mainstreaming children with special needs? What might a caregiver or director do if parents had strong objections to having their child in a classroom with special needs children?

LETTER WRITING: Divide your students into pairs. Ask one student to assume the role of a parent of a child with special needs. Ask the other student in the pair to assume the role of a parent with a non-special needs child. Ask the students, in their respective roles, to write a letter to the other parent explaining their feelings and concerns about mainstreaming. When students have completed their letters, ask them to exchange with their partners. Have the students discuss the two different perspectives of the parents. Share some of the letters with the entire class. KEY QUESTIONS: How might such a pair of letters be used to increase parents' positive attitudes about mainstreaming in the child care program? In what ways are both parents similar in their needs and concerns? Do you think it is possible for a parent of a non-special needs child to really understand the feelings of the parent with a special needs child? Explain.

SURVEY: Involve students in an informal survey of parents involved in a mainstreamed child care program. Use the critical incident

technique in which each respondent describes one positive and one negative event. The survey instrument might be worded:

> In the space below describe one personal event during the past year which has helped you form positive feelings about mainstreaming. Then, in the space provided, describe one personal event during the past year which has given you negative feelings about mainstreaming.

Ask each student to bring in at least one survey. Students might also include in the survey parents involved in mainstreamed programs at the public school. In class analyze the results of the survey. KEY QUESTIONS: What patterns in reactions to mainstreaming can you identify in these parents? In each of the positive events, what factors contributed to the successful event? In the negative events, what might have been done to prevent the negative feelings?

DISCUSSION: Have students discuss Lab Experience 48 in which they prepared and presented an orientation to mainstreaming at a parent meeting. Students who where unable to give their presentation at a parent meeting may wish to give their presentation to class members.

OBJECTIVE

Evaluate programs for involving parents in the mainstreamed child care program.

TRANSPARENCY: Show students Transparency 34 which lists ways to involve parents in the child care program. Discuss each of the areas. Ask students to suggest other specific ideas under each area. KEY QUESTIONS: How practical are these ways of involving parents? How do you involve parents who are always busy?

SIMULATION: Divide the class into small groups. Ask the groups to work as a team to plan a toy or book lending library. KEY QUESTIONS: What is the purpose of such libraries? What kind of toys or books should be included? How economical is such a library? In what ways could some of the costs be offset? How would you organize the materials in the library for easy check-out and record keeping? Provide time in class for groups to report their plans.

REPORTS: Ask interested students to investigate one of the many parent education programs which is available to parents of young children through various organizations. For example, students might investigate the Head Start programs for parent education. KEY QUESTIONS: How are these programs designed? Are they effective? Why are parents of special needs children especially interested in parent education programs? What components should be included in a parent education program for a mainstreamed child care center? Have students give their reports to the class.

DISCUSSION: Discuss Lab Experience 49 in which students investigated parent involvement in a mainstreamed child care program. Have students report on the variety of ways that parents are involved.

BRAINSTORMING: Have the class brainstorm about ways to encourage parents to be involved with their child and the child care program. Point out that many child caregivers and directors are concerned by the lack of interest or time that many parents have. List on the chalkboard ways to encourage parents to participate. For example parents might be more involved if:

- A door prize were given away at each parent meeting.
- Free child care were provided during parent meetings.
- Parents were required, as part of the enrollment agreement, to attend at least two parent-caregiver conferences during the year.
- Parent meetings were held after a supper provided by the child care program.

Supporting Parents
Unit VI Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ In general, parents usually see teachers
   A. more positively than teachers see parents.
   B. more negatively than teachers see parents.
   C. about the same as teachers see parents.
   D. as harmful to their children.

2. _____ The persons who can often be the most accurate about the special needs child's functioning across situations are
   A. child caregivers.
   B. siblings.
   C. parents or guardians.
   D. doctors.

3. _____ When differences of opinion occur between child caregivers and parents, it is because
   A. parents are unable to "face reality."
   B. the cargiver is biased about the child.
   C. caregivers have better communication skills than parents.
   D. both may be right about the situations in certain ways.

4. _____ Instead of thinking in terms of "problem parents," it is best to think in terms of
   A. problem caregivers.
   B. poorly informed parents.
   C. problem situations.
   D. problem children.

5. _____ There is a direct connection between a child's development in all areas (academic, social and emotional) and the
   A. parent-caregiver relationship.
   B. size of the day care facility.
   C. philosophy of child care the center director has.
   D. parents' social status.

6. _____ In addition to *helping* parents set short– and long-term goals for their special needs children, caregivers should
   A. meet these goals *for* the parents.
   B. show the parents specific ways to help meet these goals.
   C. decide for themselves other goals they think parents should have.
   D. require parents to work with their children at home.

7. _____ Parents can become distrustful, negative, unable to cope, or even hostile when their basic needs have not been met, by professionals. If parents have been mistreated in the past, caregivers should
   A. report the offending professionals to their licensing boards.
   B. realize that no one is perfect and ignore it.
   C. suggest to the parents that they not be so sensitive.
   D. take extra responsibility for establishing trust with the parents.

8. _____ In the case of parents who are just becoming aware that their child may have special needs, the caregiver's main role is one of
   A. counseling with the parents on how to cope.
   B. working in partnership with the parents to find out exactly what is wrong with the child.
   C. establishing the best long-term goals for the child.
   D. keeping the parents from demanding too much attention for their child.

9. _____ In the case of parents who have already begun to adjust to the fact that their child has special needs, the caregiver's main role is one of
   A. providing counseling to the parents.
   B. making the parents accept fully the reality of their child's condition.
   C. providing support, information, and concrete assistance to the family.
   D. helping the family find alternative living arrangements for the child.

10. _____ When screening for developmental problems
   A. caregivers should give and evaluate the tests.
   B. parent observations should be included.
   C. consent forms are unnecessary.
   D. it is unusual for parents to resist the suggestion of screening.

11. _____ Elisabeth Kubler-Ross's stages of grief do *not* include
   A. denial.
   B. anger.
   C. depression.
   D. negligence.

12. _____ Caregivers can help parents work through denial by
A. insisting that they face reality.
B. refusing to work with their child until they accept facts.
C. gradually encouraging them to observe their child so they can see the child's strengths and weaknesses more realistically.
D. using general terms when expressing their concerns about the child.

13. _____ During the initial period of shock after diagnosis has been made, caregivers should do all of the following *except*
A. have the parents decide what kind of programming they want for their child during the rest of the year.
B. reassure the parents about their child's future.
C. give them examples of others with the same handicap who are leading productive, happy lives.
D. practice active, nonjudgmental listening with the parents.

14. _____ Soon after the initial shock is over, the parents will usually start the important process of trying to
A. forget their problems.
B. gather information about their child's special needs.
C. make sure other families of special needs children are helped.
D. pay more attention to the siblings of the special needs child.

15. _____ When caregivers are the target of parental hostility, they should do all of the following *except*
A. explain to the parents that they have no reason to be angry.
B. correct anything that actually is a basis for parental dissatisfaction.
C. allow the parents to vent their feelings.
D. refuse to take the anger personally.

16. _____ At the depression stage, caregivers should
A. give the parents a lot of responsbility to keep their minds off their problems.
B. make the parents face reality by focusing on all the child's limitations.
C. focus on the child's strengths and play down weaknesses.
D. suggest that the parents try to accept the situation.

17. _____ Parents of gifted children may be
A. unafraid of the future.
B. uncertain about the future and their ability to help their children.
C. confident about their ability to help their children.
D. snobbish about handicapped children's needs.

18. _____ Words or phrases which have meaning to a certain group of people (like caregivers and teachers) but not to others are called
A. jargon.
B. unintelligible.
C. vernacular.
D. malarkey.

19. _____ In parent-caregiver conferences, on all topics not related to the purpose of the meeting, the caregiver should
   A. be firm about opinions.
   B. be neutral about opinions.
   C. be assertive about opinions.
   D. pretend to agree with parents' opinions.

20. _____ The main purpose of a parent-caregiver conference is
   A. to inform parents about problems the caregiver is having with the child.
   B. to tell parents what they may be doing to hinder their child's progress.
   C. for parents and caregivers to exchange information so both may evaluate the child's progress.
   D. to establish the credibility and competence of the child caregiver.

21. _____ Non-special needs children are likely to be more accepting of special needs children when
   A. the special needs are not severe.
   B. their parents have positive attitudes toward mainstreaming.
   C. the caregiver praises their lack of limitations.
   D. their parents make sure they are not "held back" by the special needs children.

22. _____ The major criterion in evaluating any parent program involves
   A. whether or not parents voice complaints about the center.
   B. the number of parent group meetings which are held.
   C. the extent to which parents are involved with center activities.
   D. the extent to which parents are viewed as an important, integral part of the educational team.

DIRECTIONS

For Items 23-25, write a short essay.

23. Why must a close and effective partnership exist between caregivers and parents in order for mainstreaming to be successful?

24. How can caregivers help parents of special needs children through the grief process and into acceptance?

25. If you were a director of a minstreamed child care program, what attitude toward parents would you try to foster in your staff? How would you encourage them to act on this?

Transparency Masters

Texas Legislation Affecting the Special Child

Senate Bill 230: An Act to Provide a Comprehensive Special Education for All Exceptional Children, 1969

- Defines "exceptional child."
- Provides state funding for public education of handicapped children from age 3 to age 21.

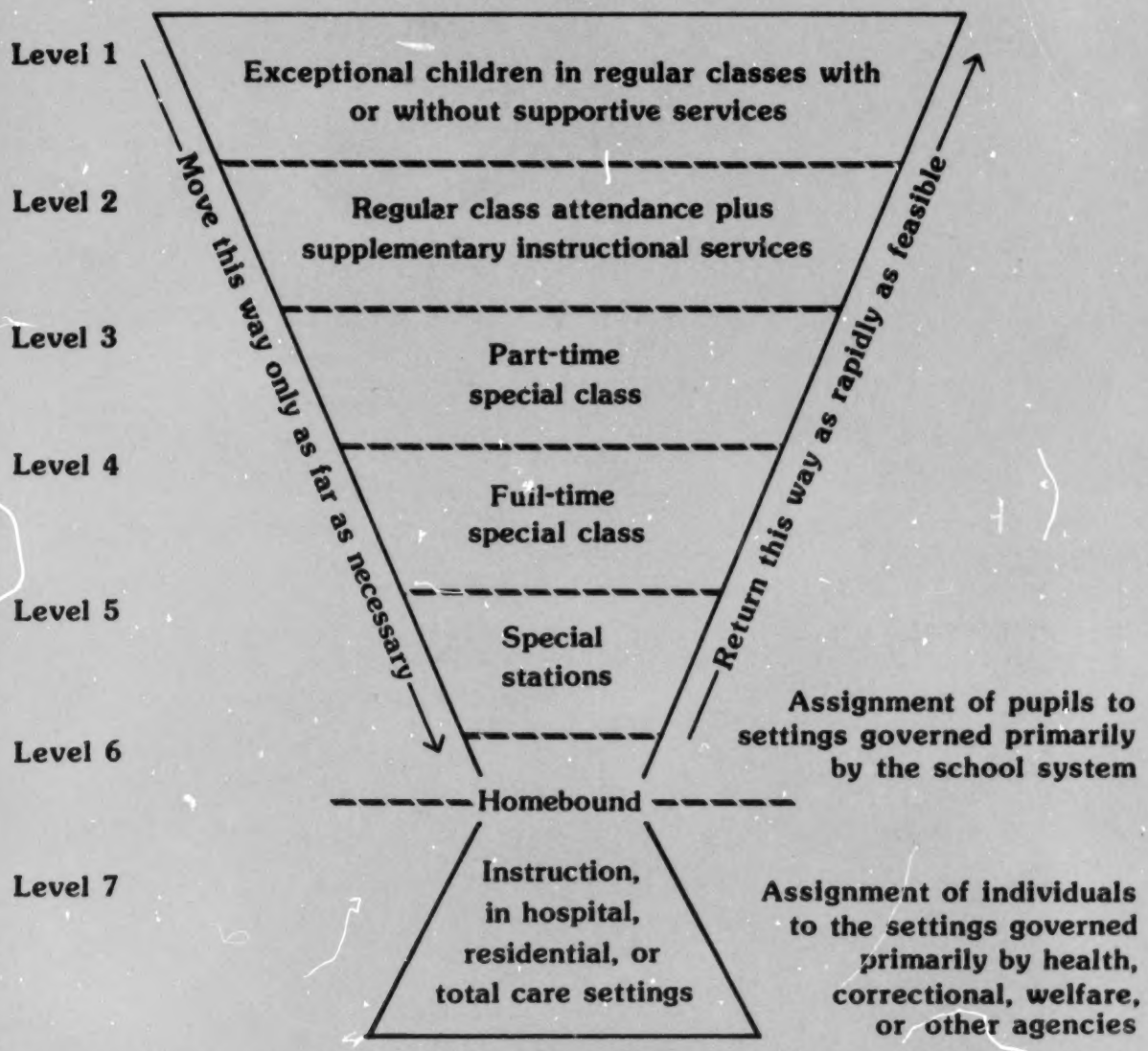
Senate Bill 700: The Mentally Retarded Persons Act, 1977

- Recognizes the rights and responsibilities of the mentally retarded.
- Provides for educational services to the mentally retarded regardless of the person's age.
- States that education provided to the mentally retarded shall be individualized.

Senate Bill 630: The Early Childhood Intervention Act (Snelson Bill), 1981

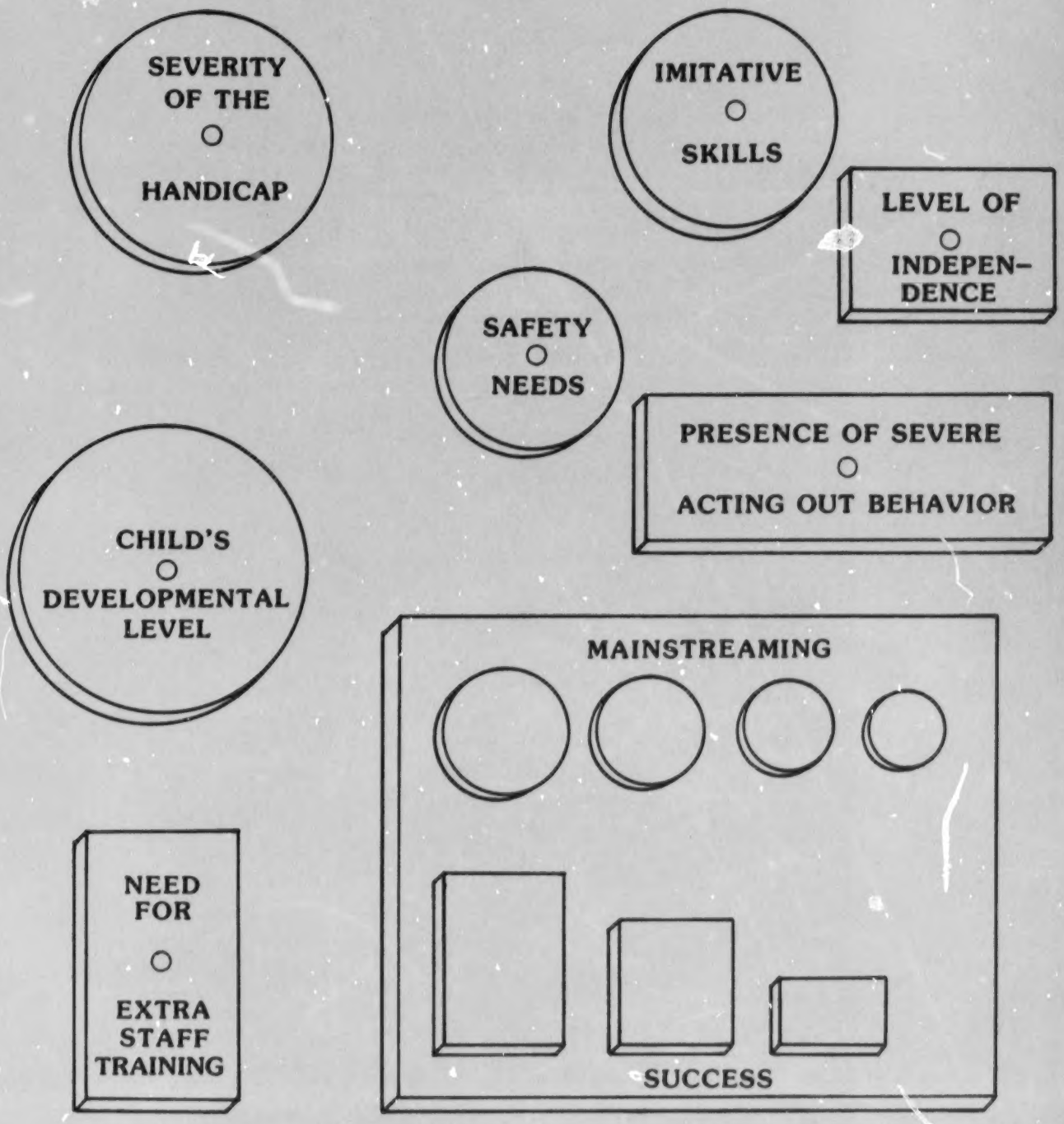
- Calls for a state plan to identify developmentally delayed preschool children.
- Provides for services to the developmentally delayed child under 3 years old.
- Establishes a statewide Interagency Council and Advisory Committee to implement the plan.

The Least Restrictive Environment*

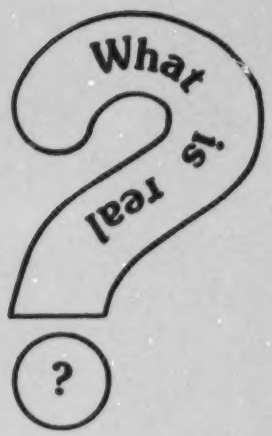

Level 1
Exceptional children in regular classes with or without supportive services
Level 2
Regular class attendance plus supplementary instructional services
Level 3
Part-time special class
Level 4
Full-time special class
Level 5
Special stations
Level 6
Homebound
Level 7
Instruction, in hospital, residential, or total care settings
Move this way only as far as necessary
Return this way as rapidly as feasible
Assignment of pupils to settings governed primarily by the school system
Assignment of individuals to the settings governed primarily by health, correctional, welfare, or other agencies

*From "Special Education as Developmental Capital" by E. Deno, Exceptional Children, 37, 1970, 229-237. Copyright 1970 by the Council for Exceptional Children. Reprinted with permission.

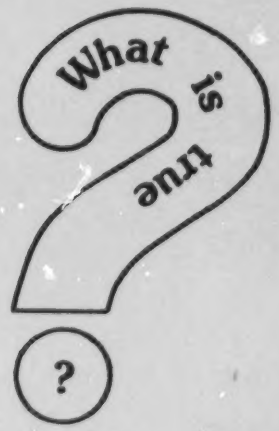
Factors to Consider Before Mainstreaming



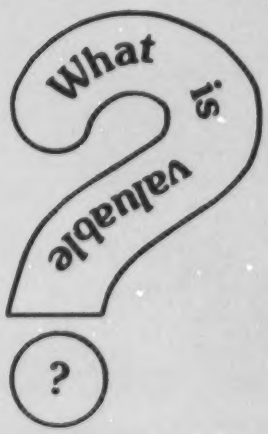
Philosophical Questions Applied to Caring for Special Needs Children



What is "handicapped" and what is "normal"?



What do I know to be true about special needs children?



What qualities are most valuable in the caregiver of special needs children?

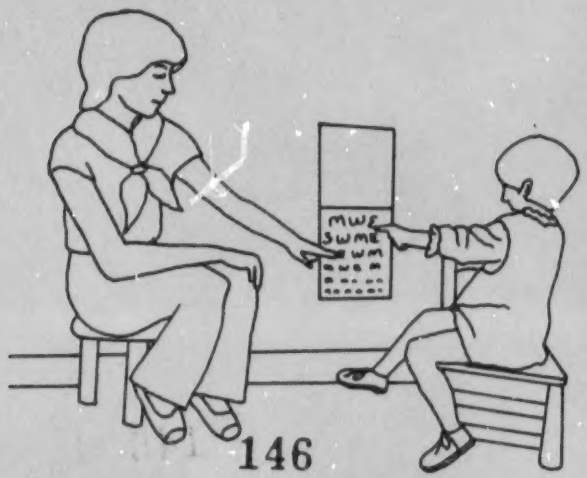
The Importance of Screening

SCREENING . . .

Identifies each child's areas of special need so that proper assessment may be made.

Lessons the severity of or eliminates a handicap through early identification and intervention.

Prevents developmental delays or problems in other areas of development.



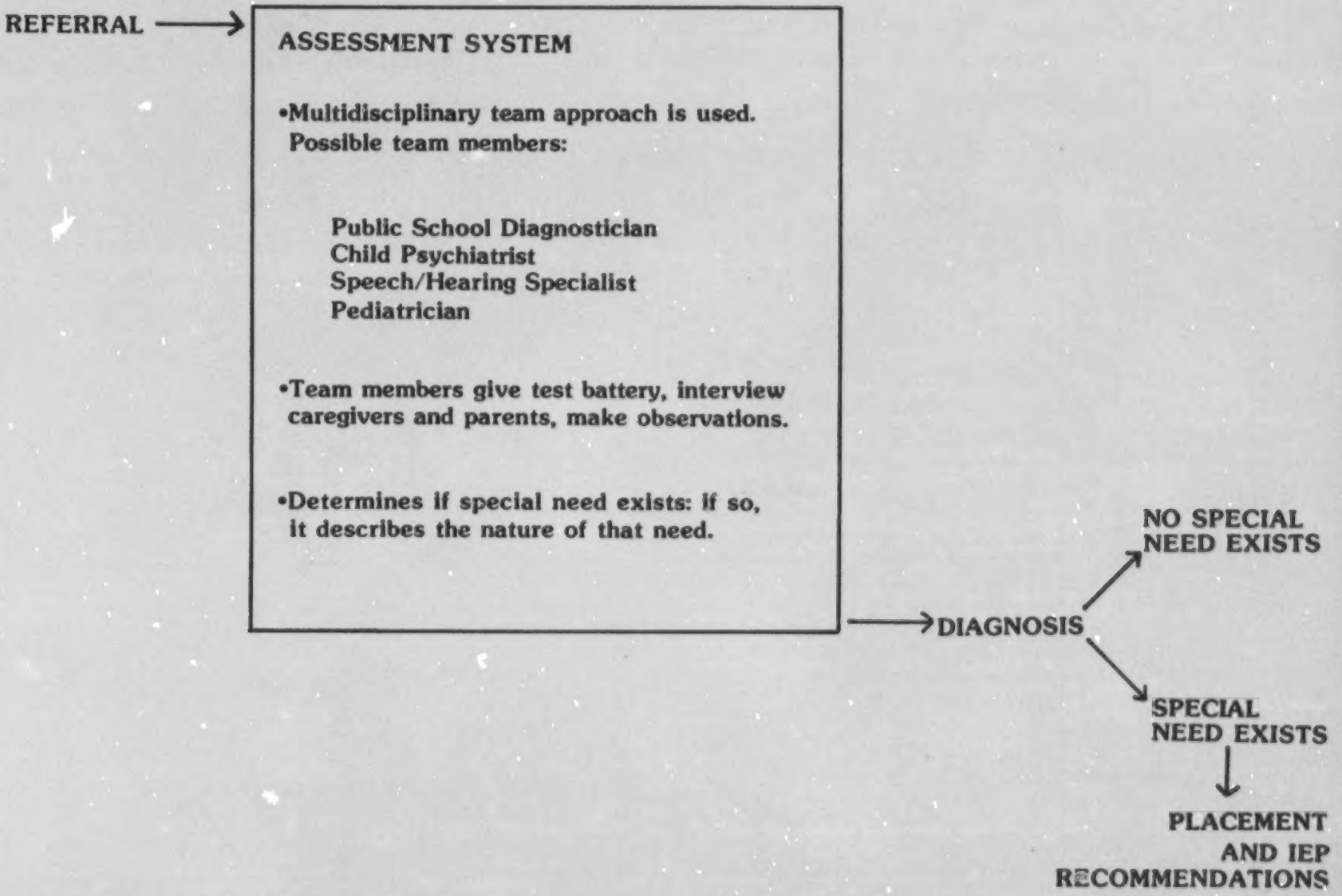
Goals for Observing Young Children

- To gather information about the child in order to meet the child's individual needs
- To monitor the progress of growth and development in order to spot possible handicaps
- To become familiar with the patterns of normal child growth and development
- To evaluate the progress of the child in achieving developmental milestones or goals
- To have objective data available for reporting a child's progress to parents
- To have objective data available for reporting a child's strengths and needs to professionals to whom the child may be referred
- To help the caregiver analyze specific behavior problems and determine a solution
- To evaluate the effectiveness of a given learning technique, environment, or piece of equipment

Choosing a Screening Instrument: Questions to Ask

- Is the instrument designed for screening as opposed to assessment?
- Does the instrument cover all the basic areas of child development?
- Can the instrument be given by child caregivers with a minimum amount of training?
- Are the parents to be involved in some way?
- Is there adequate time and staff to administer the instrument?
- Is the instrument affordable?
- How will the children respond to the instrument?

The Assessment Process


REFERRAL
ASSESSMENT SYSTEM
•Multidisciplinary team approach is used. Possible team members:
Public School Diagnostician
Child Psychiatrist
Speech/Hearing Specialist
Pediatrician
•Team members give test battery, interview caregivers and parents, make observations.
•Determines if special need exists: if so, it describes the nature of that need.
DIAGNOSIS
NO SPECIAL NEED EXISTS
SPECIAL NEED EXISTS
PLACEMENT AND IEP RECOMMENDATIONS

The Meaning of a Label

Label	Associated Meanings or Connotations
Slow learner	
Hyperactive	
Retarded	
Emotionally disturbed	
Gifted	
Deaf and dumb	
Epileptic	
Behavior problem	

Heredity and the Environment

Hereditary Factors

- Hereditary defect in family
- Damaged parental genes
- Improper formation of sex cells--egg or sperm
- Improper joining of chromosomes at conception

Environmental Factors

- Diseases
- Drugs and alcohol
- Smoking
- Toxic chemicals
- Radiation
- Malnutrition

The Special Needs Child

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Prenatal Factors Which Can Cause Birth Defects

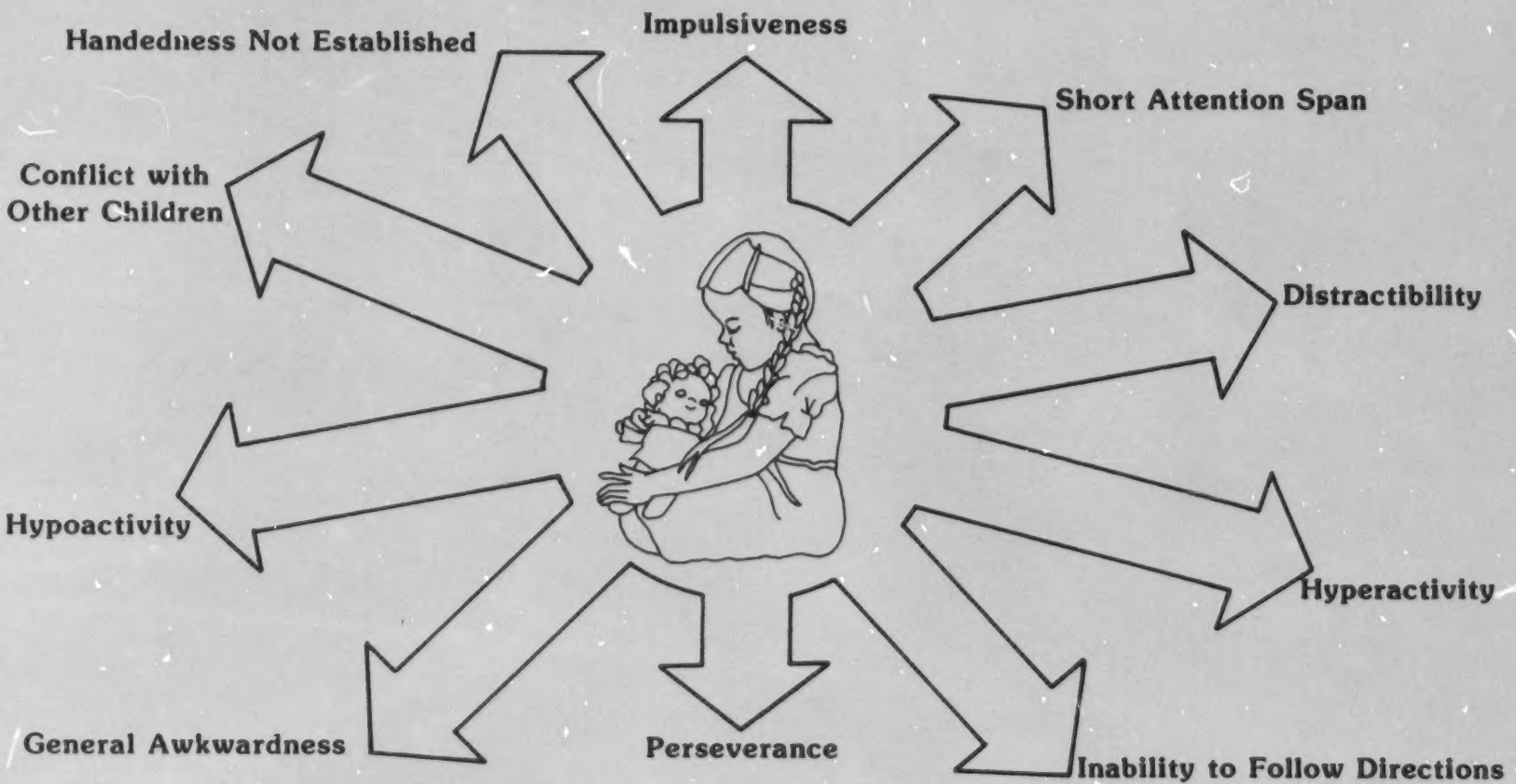
Cause	Effect
Malnutrition/lack of protein	Growth retardation, mental deficiency, toxemia in mother
Excessive alcohol consumption	Fetal alcohol syndrome, severe growth deficiency, heart defects, malformed facial features, brain damage
Smoking	Low birth weight, risk of learning problems in childhood
Rubella	Loss of hearing, impaired vision, heart defects, brain damage
Drugs	Various effects depending on drug; some cause cleft palate, malformed limbs, stained teeth, and brain damage

Caring for Children with Mental Retardation

REMEMBER, FOR THE MENTALLY RETARDED . . .

- **Learning takes place slowly.**
- **Much practice and repetition is required.**
- **Learning is easier if tasks are broken down and taught in a step-by-step manner.**
- **Techniques of behavior modification are effective.**
- **Observation and modeling of normally developing peers is important.**
- **Encouragement and training are necessary to learn self-help skills.**
- **Behavior is more like that of young children; a mentally retarded four-year-old may act more like a normally developing two-year-old.**
- **Social acceptance by peers and adults is essential in developing a healthy self-concept.**

Traits Associated with Learning Disabilities



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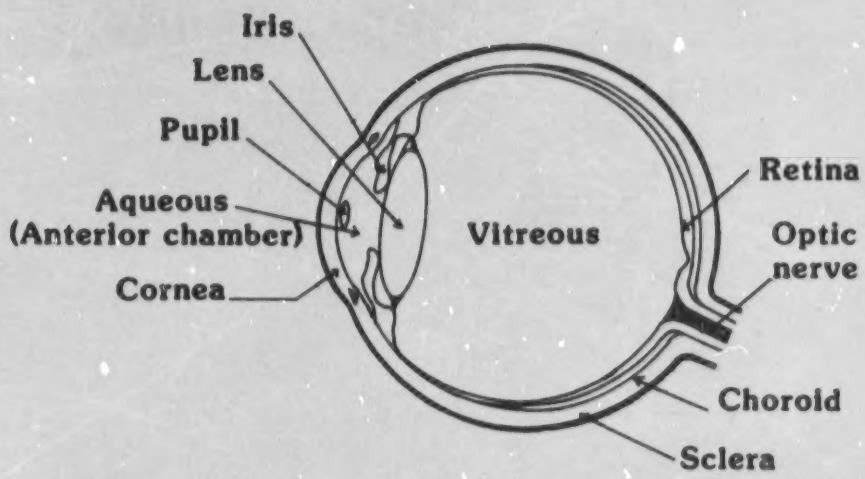
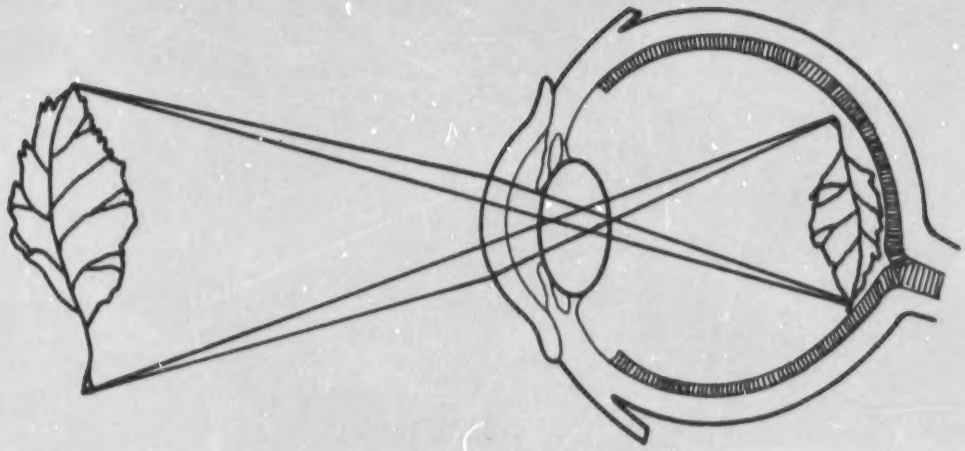
T-13

How We See





Eye functions include:

Central vision (perception and object discrimination)

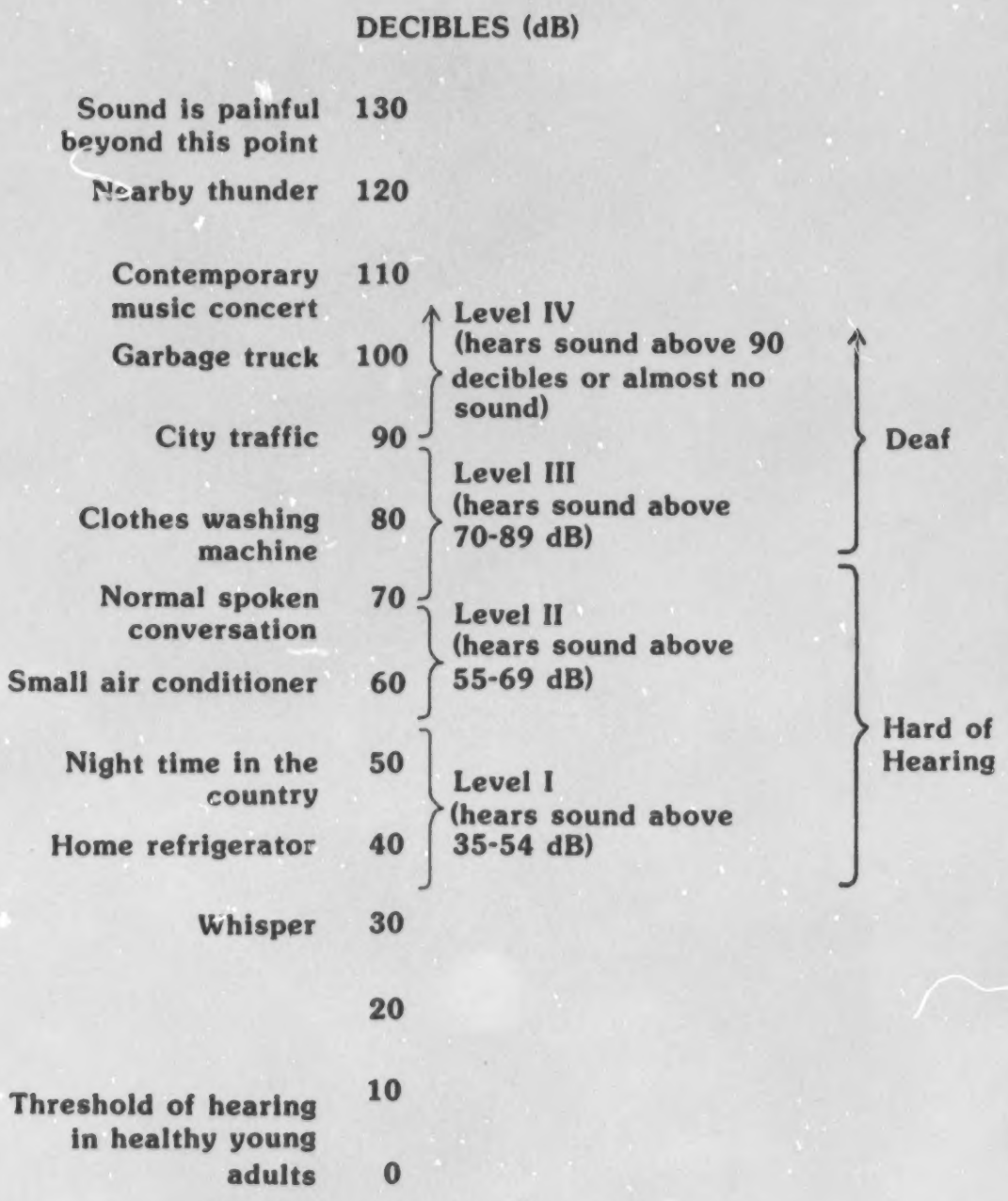
Accommodation (focusing for distant and near vision)

Binocular vision (image from two eyes blend into one)

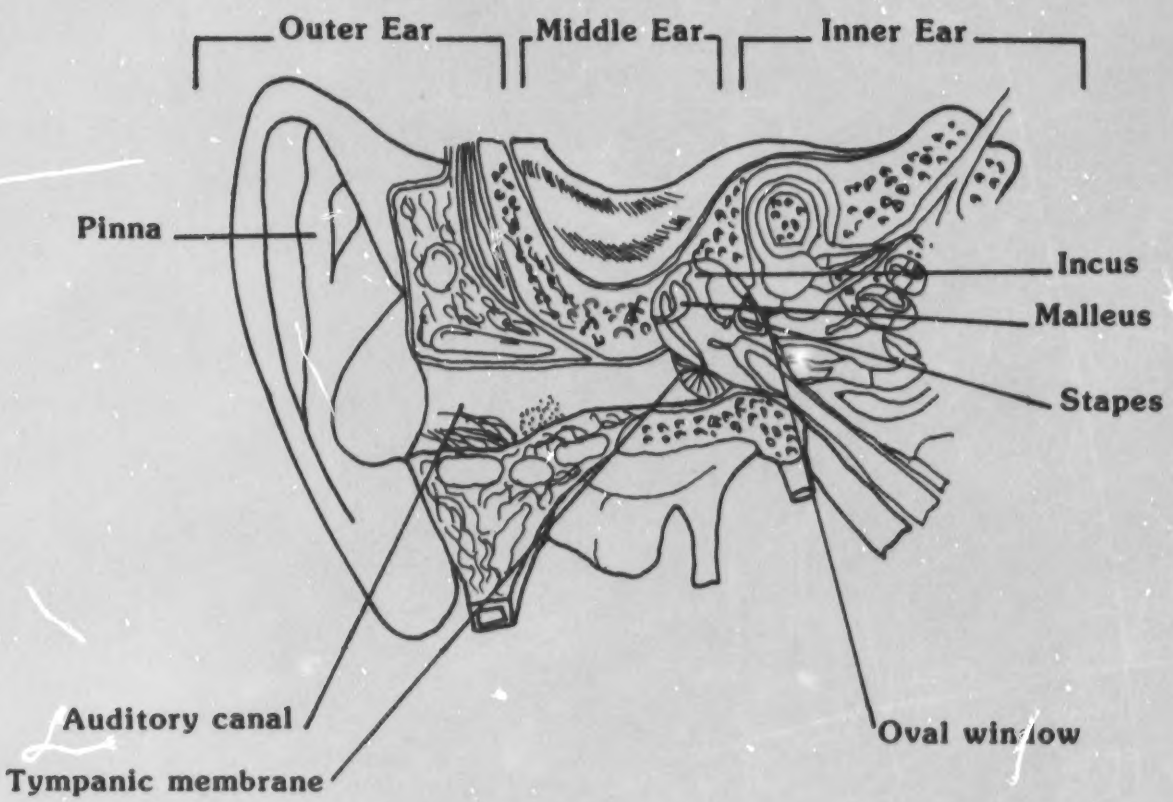
Peripheral vision (perceiving objects at the outside edge of the visual field)

Color vision

Defining Hearing Impairments

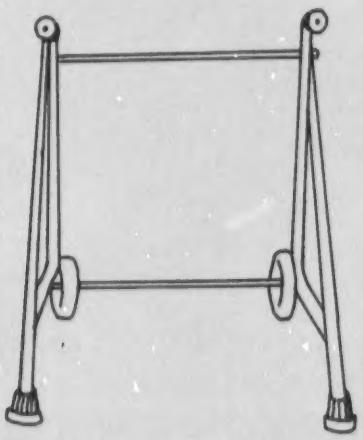


How We Hear

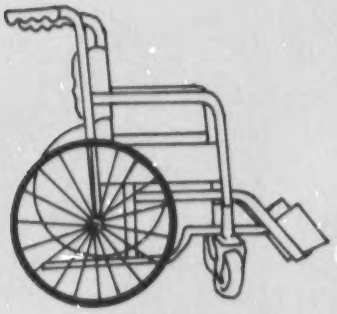

Outer Ear
Middle Ear
Inner Ear
Pinna
Incus
Malleus
Stapes
Auditory canal
Tympanic membrane
Oval window

Mechanical Aids and Equipment

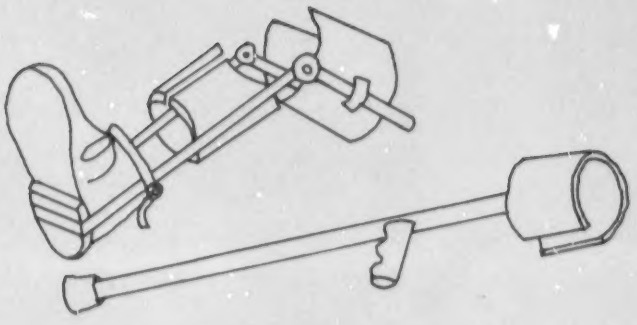
Walkers



Wheelchairs

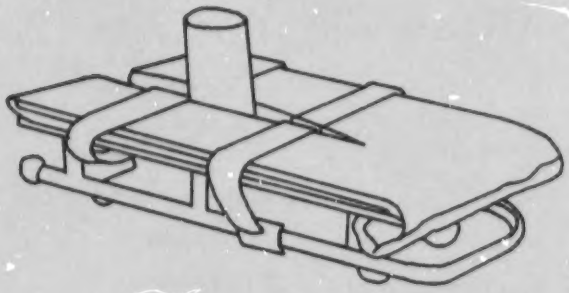


Braces and Crutches

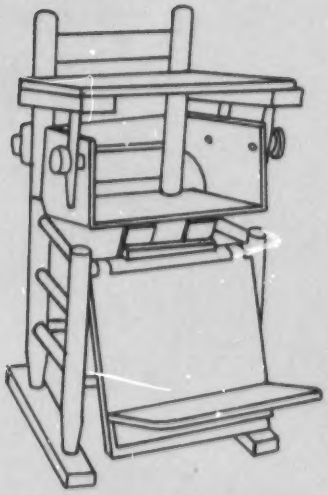


Mechanical Aids and Equipment

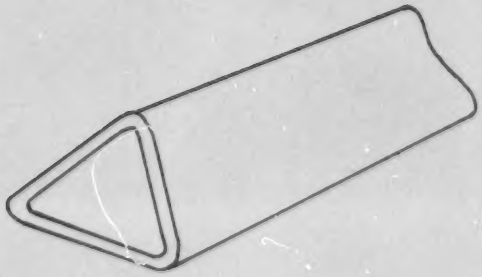
Scooters



Special Chairs and Trays



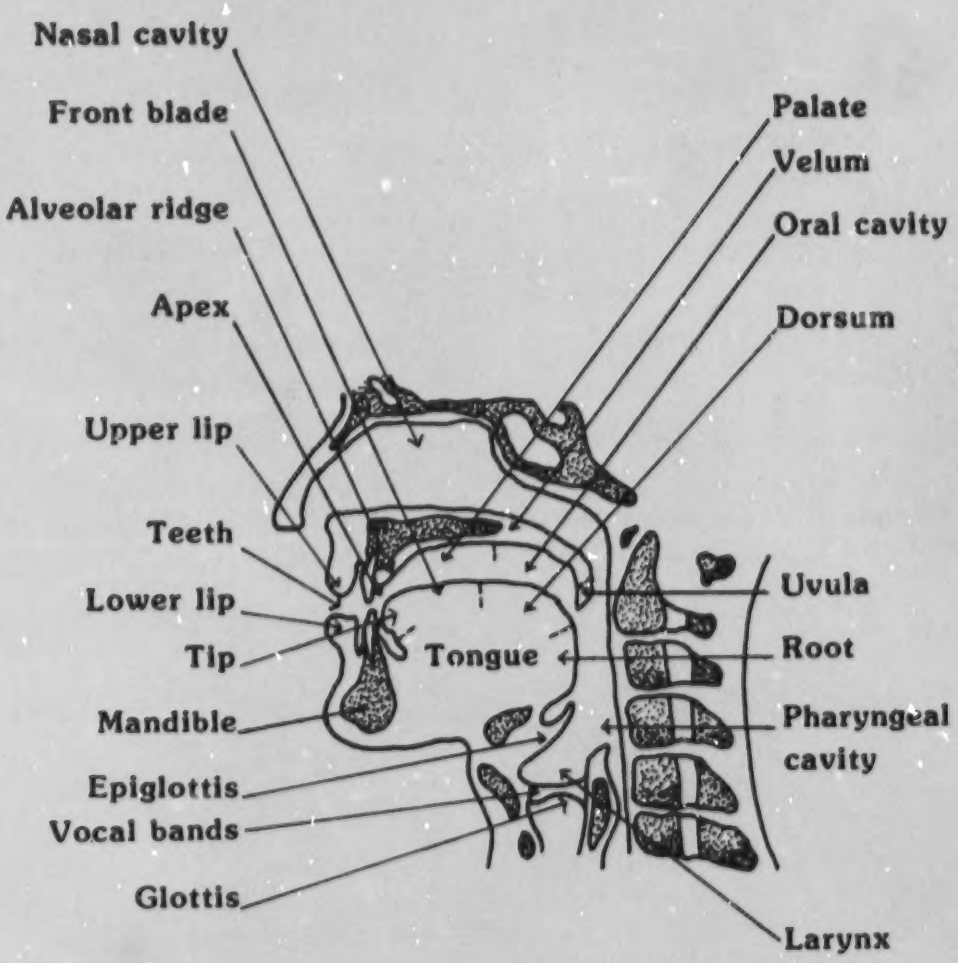
Bolsters and Wedges



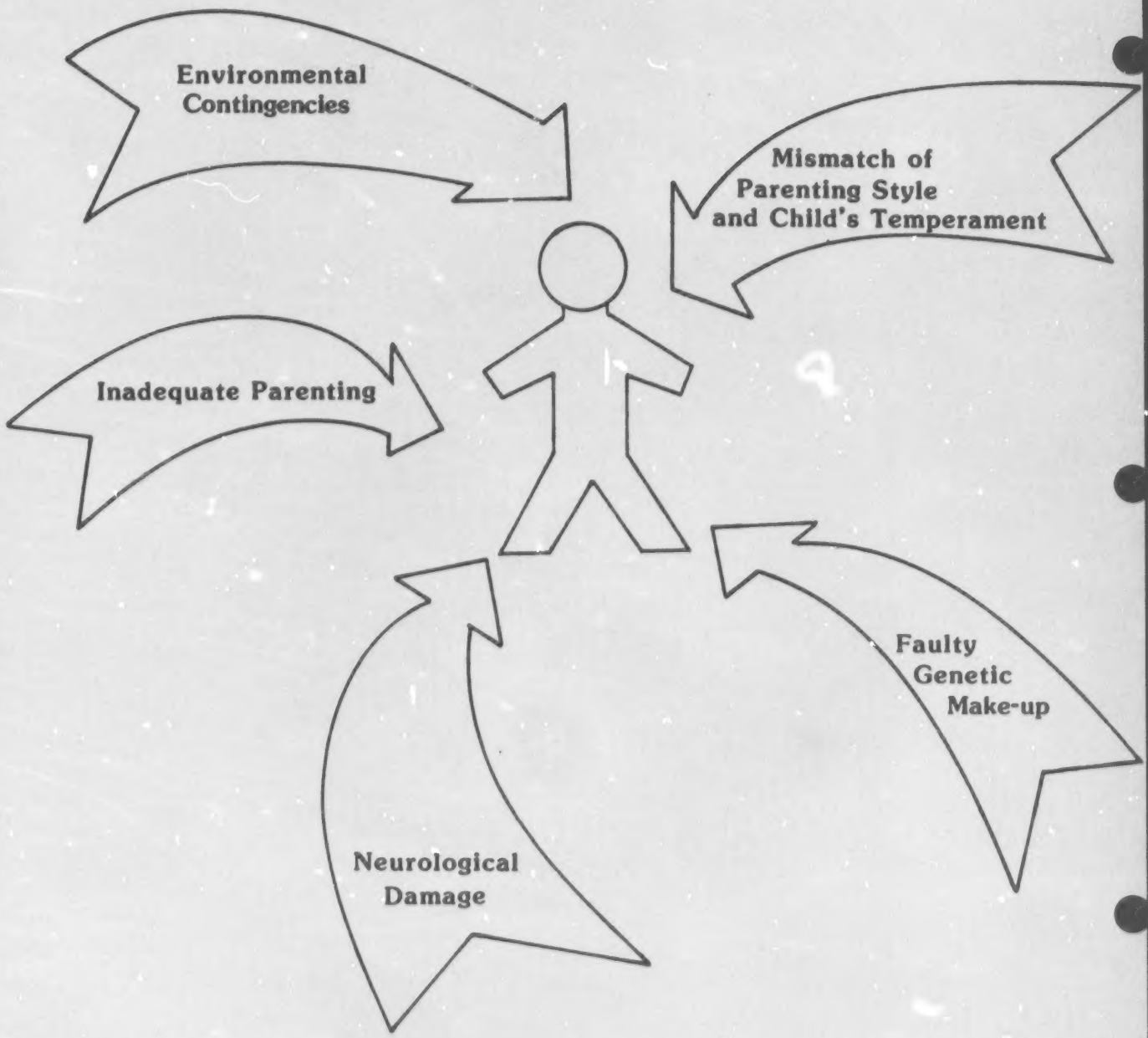
Defining Speech Impairments

Type of Disorder	Possible Characteristics
Articulation	Substitutions Omissions Additions Distortions
Timing	Stuttering Cluttering
Voice	Inappropriate loudness Inappropriate pitch Inappropriate quality
Language	Receptive language impairment Expressive language impairment Inability to sequence Nonspeaking

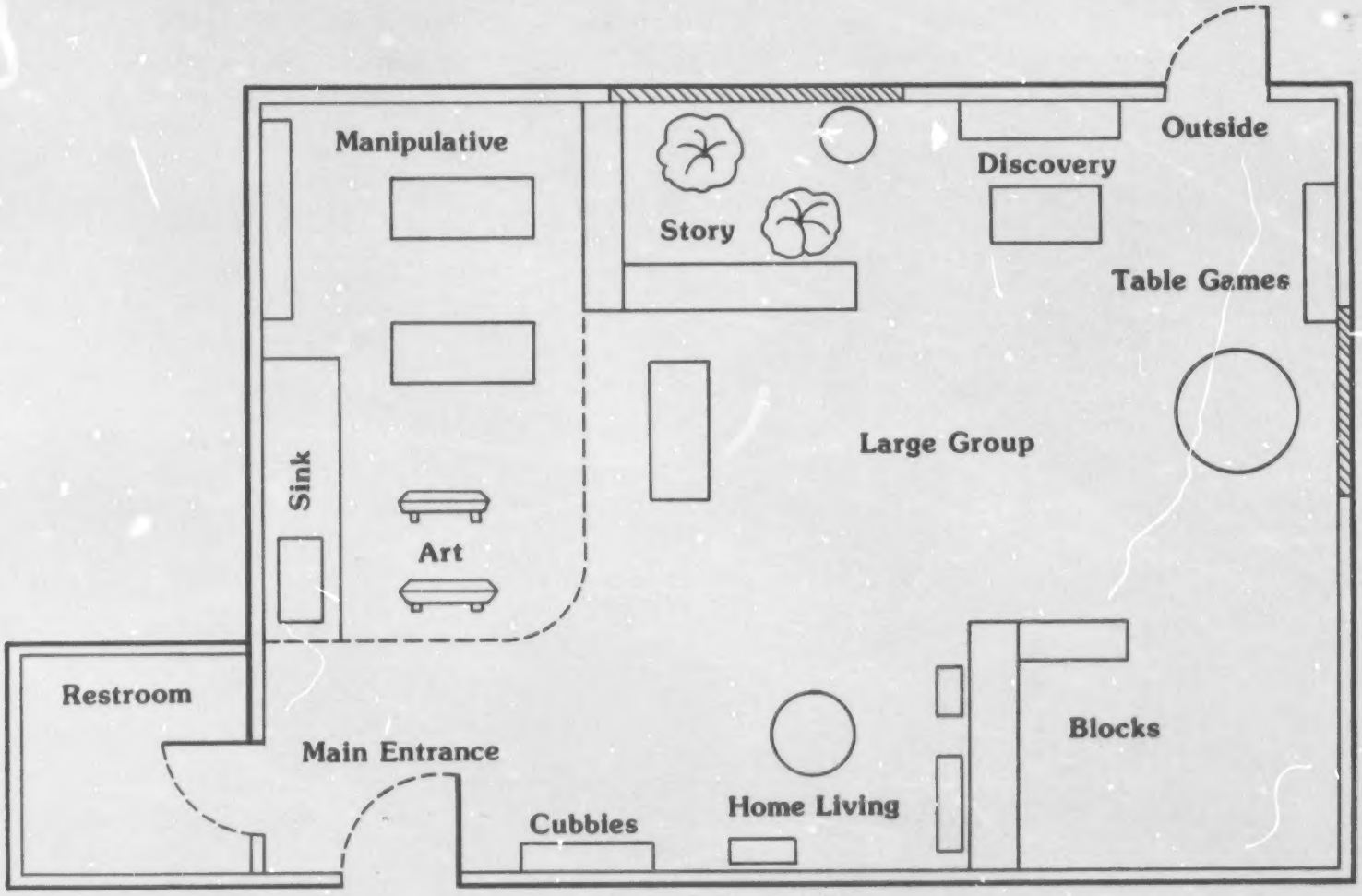
How We Speak


Nasal cavity
Front blade
Alveolar ridge
Apex
Upper lip
Teeth
Lower lip
Tip
Mandible
Epiglottis
Vocal bands
Glottis
Palate
Velum
Oral cavity
Dorsum
Uvula
Root
Tongue
Pharyngeal cavity
Larynx

Factors Which May Contribute to Behavioral Disorders



Appropriate Room Arrangement



Accepting Feelings

Active Listening

Give it to me!
It's my turn!

Jimmy, I know you are excited about our cooking activity. It's hard to wait your turn.

Appropriate Expression

Toni must add the butter first. Then you can add the eggs.

Behavior Modification Method

STEP 1. Assess the situation. Identify existing pattern of reinforcement. Take a base line of the undesirable behavior (How often does the behavior occur?)

STEP 2. Identify desired behavior. (What behavior should be occuring?)

STEP 3. Change the environment in order to eliminate the reinforcer of the undesirable behavior. Apply a negative reinforcer if needed.

STEP 4. Reinforce the desired behavior. What reinforcer will work with this child? Apply reinforcer consistently at first.

STEP 5. Reassess the situation. Take a base line of the undesirable behavior. (Has it started to diminish?)

Behavior Problem Solving

STEP 1. **Identify and describe problem after careful observation.**

STEP 2. **Determine possible causes and reinforcers.**

STEP 3. **Formulate a plan for changing the behavior.**

STEP 4. **Evaluate the results and make new plans if needed.**

Positive Conflict Resolution

Caregivers can:

- Provide an environment that does not foster conflicts.
- Give children a chance to solve the problem themselves first.
- Help children use words to express feelings and to tell what they want.
- Suggest that children make a trade.
- Let chance decide. Draw straws or flip a coin.
- Distract or redirect children from the conflict situation if appropriate.
- Talk with children about the conflict situations in which they are involved.
- Help children see that there are many possible ways to solve a problem.
- Involve children in joint problem solving games or activities.

Writing Objectives

1. Be Specific. Tell:

- What is to be done
- Under what conditions
- To what extent or how much

2. Relate Objectives to a Goal.

3. Make Objectives:

- Practical
- Reasonable
- Attainable

Precision Teaching

STEP 1. **Pinpoint desired behavior.**

STEP 2. **Analyze child's present behavior.**

STEP 3. **Chart beginning and ending behaviors.**

STEP 4. **Provide a variety of learning experiences.**

STEP 5. **Evaluate progress frequently.**

Discovery Learning

Discovery learning. . .

- Is based on the assumption that children are naturally curious and motivated to experiment and make generalizations.

- Is appropriate especially for gifted and talented children.

- Focuses on inductive reasoning or forming generalizations or principles from a number of related observations.

- Provides many problem-solving learning activities which introduce children to novel experiences,curious objects, experiments, demonstrations,etc.

- Provides materials with a few simple instructions. Avoids giving too much guidance. Lets the children explore and experiment themselves.

- Encourages hypothesis testing or predicting by asking "what if" questions.

- Creates an environment in which children feel free to learn from their errors. Promotes the trial and error method.

Self-Help Skills

Dressing and Undressing

- Undergarments
- Pants/shorts (zippers, snaps, buttons, belts)
- Shirts/blouses (buttons)
- Dresses/skirts (buttons, bow ties)
- Shoes/socks (laces, buckles, Velcro)
- Coats/sweaters (buttons, zippers, ties)

Toileting

- Underessing and dressing
- Toileting
- Using toilet tissue
- Washing hands

Grooming

- Brushing/combing hair
- Washing and drying hands
- Washing and drying face
- Brushing teeth
- Blowing and wiping nose

Eating and Drinking

- Using cup or glass
- Using spoon or fork to feed self
- Using napkin
- Serving food to self
- Clearing off plate after meal

Understanding Your Attitudes Toward Mainstreaming

DIRECTIONS

For each item circle the letter of the response which best describes how you would feel or what you would do in each situation.

1. If I were to meet a handicapped adult for the first time I would feel
   A. shy and a little uncomfortable.
   B. Like getting to know the person.

2. If I were expecting a new handicapped child in my group I would
   A. go to the library and learn more about that handicapping condition.
   B. expect the child to have needs similar to my other handicapped children.

3. If I were involved in a mainstreamed program I would feel that individual care and education plans are
   A. necessary for all children in the program.
   B. mainly for the special needs children.

4. If I were to participate in a meeting to develop an Individualized Education Plan (IEP) I would feel
   A. that the professionals know best and I should not say much.
   B. comfortable about expressing my ideas, even if they were different from the ideas of others in the group.

5. If I were to receive special training from a physical therapist in order to help one of the children I would feel
   A. motivated and excited about learning new skills.
   B. that perhaps this should not really be a part of my job.

6. Though both are needed, during the first few days that a handicapped child was in my group I would spend more time
   A. interacting with the child to help the child feel welcome.
   B. observing the child to identify special needs.

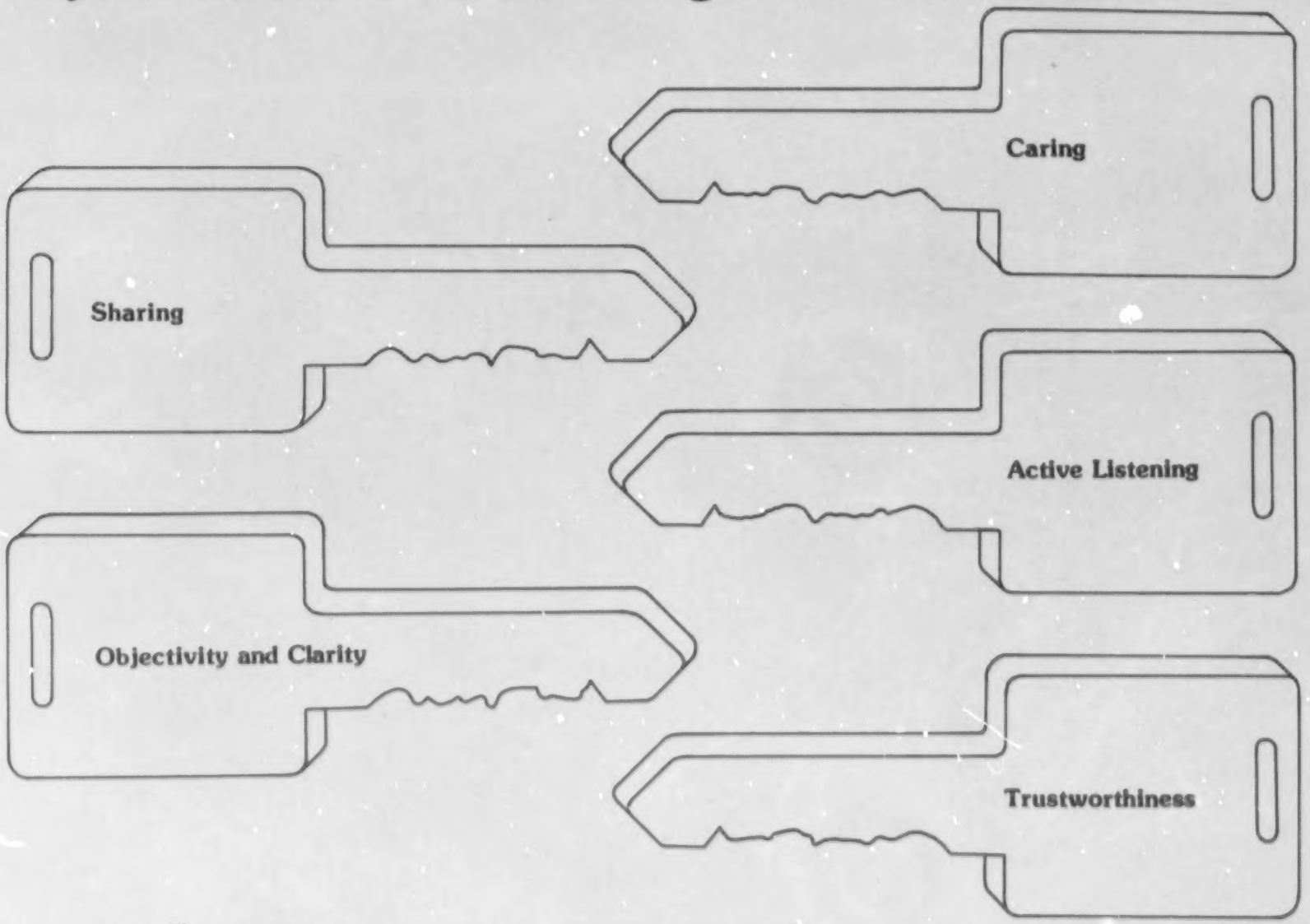
7. With handicapped children in my group, I would be most concerned about
   A. maintaining order in the group.
   B. acceptance by the other children.

8. If I were keeping developmental records on the children I would find it more useful to
   A. be alert to daily changes and keep notes.
   B. complete a developmental check list once a month.

9. If I were planning a physical exercise activity for the childern I would make sure a child in a wheelchair
   A. had something else to do that does not require physical activity.
   B. participated as much as possible in the activity.

10. If a non-handicapped child said "Jenny doesn't have an arm," I would respond by
    A. changing the subject to call the child's attention away from Jenny's handicap.
    B. acknowledging the child's observation of Jenny's handicap in a matter-of-fact way.

Keys to Effective Parent-Caregiver Communication



Roadblocks to Good Listening

People can think faster than they can speak.

Emotions can cloud the message being received.

Thinking about what you will say next distracts you from what is being said.

Helping Parents Feel Positive About Mainstreaming

- Provide activities through which parents of special needs children and non-special needs children can meet and develope friendships.

- Have a summer evening picnic and plan seating so that parents of special needs children are paired with parents of non-special needs children.

- Show a film about a successful mainstreaming child care program at a parent meeting.

- Invite parents to observe their child in a group child care setting which includes both special and non-special needs children.

- Establish a parent advisory board composed of parents of special and non-special needs children.

- Hold an awareness workshop in which parents will have a chance to experience what some handicapping conditions are like.

- Conduct a parent forum at a parent meeting in which parents discuss their feelings about mainstreaming

Programs for Involving Parents

- Parent education programs which help parents learn how to care for and educate their children.
  - Seminars
  - Workshops
  - Guest Speakers
  - Films
  - Demonstrations
  - Study Groups

- Lending libraries
  - Toys
  - Books on child care and guidance

- Social functions
  - Weekly parent/child lunches
  - After hours family gatherings
  - Parent reception area
  - Children's programs on holidays

- Exchange networks for parents to have an opportunity to help each other
  - Barter networks to exchange goods and services
  - Children's used clothing exchange
  - Car pooling
  - After hours child care

- Volunteers
  - Assist caregivers in classroom
  - Assist with field trips
  - Share special talents with children
  - Collect "throw-away" items
  - Remodel playground
  - Build furniture for classrooms
  - Assist with screening program

Handout Masters

Education of Special Needs Children: Historical Highlights

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Time Period	Events	Attitudes of Society
1800-	Education is voluntary for all. Only those who can afford schooling send their children to school. First residential schools for severely handicapped established.	Education is only for the elite class. Other children need to help families at home. Founders of schools believe that if given proper education, handicapped could be made "normal."
1850-	Education becomes mandatory for all children with the exception of the handicapped. Residential programs for the handicapped are more custodial than educational.	Education is for those who can benefit. The handicapped need to be placed where they can do no harm. Families are ashamed of their handicapped children.
1900-	IQ tests are developed for the first time. World Wars I and II produce disabled veterans. Some school districts establish special programs for the handicapped, though separate from the regular school program.	Intelligence is a fixed trait. Low intelligence is associated with low morals and a criminal mind. Being disabled does not mean one is an inferior person. Some handicapped children benefit from education.
1950-	Universities begin training special education teachers. Russia launches Sputnik. Calls attention to the need for science education.	Specialized training is necessary for those who serve the handicapped. Academically bright children need to be encouraged. The high IQ is admired.

Time Period	Events	Attitudes of Society
1960-	John F. Kennedy, who has a mentally retarded sister, initiates federal programs for the handicapped. Civil rights movement begins. States begin to pass laws mandating the education of the handicapped.	The handicapped have special needs which should be addressed by the schools. Persons who are different from the "norm" deserve the same opportunities and human rights. Society has an obligation to meet the needs of the handicapped.
1970-	Emphasis on deinstitutionalization of the handicapped increases. More "half-way" programs established. The number of court cases dealing with the rights of the handicapped increase. Federal and state legislation on the handicapped and other special needs children increases. Emphasis on mainstreaming handicapped children increases. The need for child care for working parents grows dramatically.	The handicapped need not be segregated from the rest of society. Parents of the handicapped fight for the rights of their children. The government should take a leadership role in promoting the rights of the handicapped. Children should receive an education based on their individual needs in the least restrictive environment. Quality child care needs to be available to all children including those with special needs.

Federal Legislation Affecting The Special Child

DIRECTIONS

Identifying features for several federal laws affecting the special needs child are listed below. In the blank space by each description, write the public law number which matches the description. Select from the public law numbers listed in the box to the right. Numbers may be used more than once. Complete this exercise while you read and study references on this topic.

_____ 1. Known as the "civil rights act for the handicapped."

_____ 2. Requires each handicapped child to have an individual education plan.

_____ 3. Created the Office for Gifted and Talented.

_____ 4. Defines "learning disabled."

_____ 5. Supports training for teachers of the handicapped.

_____ 6. Created the Bureau of Education for the Handicapped.

_____ 7. Supports experimental programs for the handicapped which could serve as models.

_____ 8. First law to require states to systematically identify handicapped children.

_____ 9. Requires that 10 percent of all Head Start slots be filled by children with special needs.

_____ 10. Calls for education of the handicapped in the least restrictive environment.

Public Law Numbers
88-164
89-750
90-538
91-320
93-112
93-380
94-142

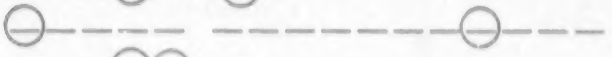
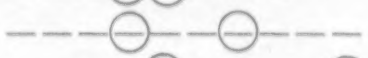
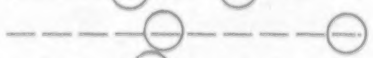
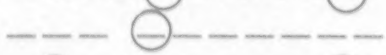
Concepts Underlying Mainstreaming

1. All children have the same basic developmental needs—children are more alike than different.
2. All children have special needs at one time or another.
3. Children need to understand and appreciate individual differences.
4. Mainstreaming encourages us to broaden our understanding of what is "normal."
5. Education should be individualized for all children.
6. Children should be cared for and educated in the least restrictive environment.
7. The care and education of children should be a team effort—involving caregivers, parents, and specialists.
8. The earlier that special needs children are identified and served, the better.
9. No child should be denied appropriate care and education because of a handicapping condition or any other difference.

Word Scramble: Mainstreaming

DIRECTIONS

Unscramble each of the following key terms associated with mainstreaming. Write the unscrambled word in the blank next to the word, one letter per blank. Then unscramble the circled letters to complete the sentence at the bottom of the page. If you need a hint, refer to the definitions in the box which describe the key terms.

1. P D N A H A C I
2. S E T A L V I R R I E S T C E T 
3. G E N I E C S R N
4. S E S M E S N A S T 
5. I V D U I A I N D L 
6. E D U O P S E R S C 
7. R T T I N N E A O G I

- Including special needs children in regular child care settings.
- Describes the educational plan.
- Interferes with normal growth and development.
- Identifying possible special needs.
- Environment which provides the most freedom.
- Procedures which protect the rights of parents and children.
- Diagnosis of strengths and weaknesses.

All children have the same basic _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ needs.

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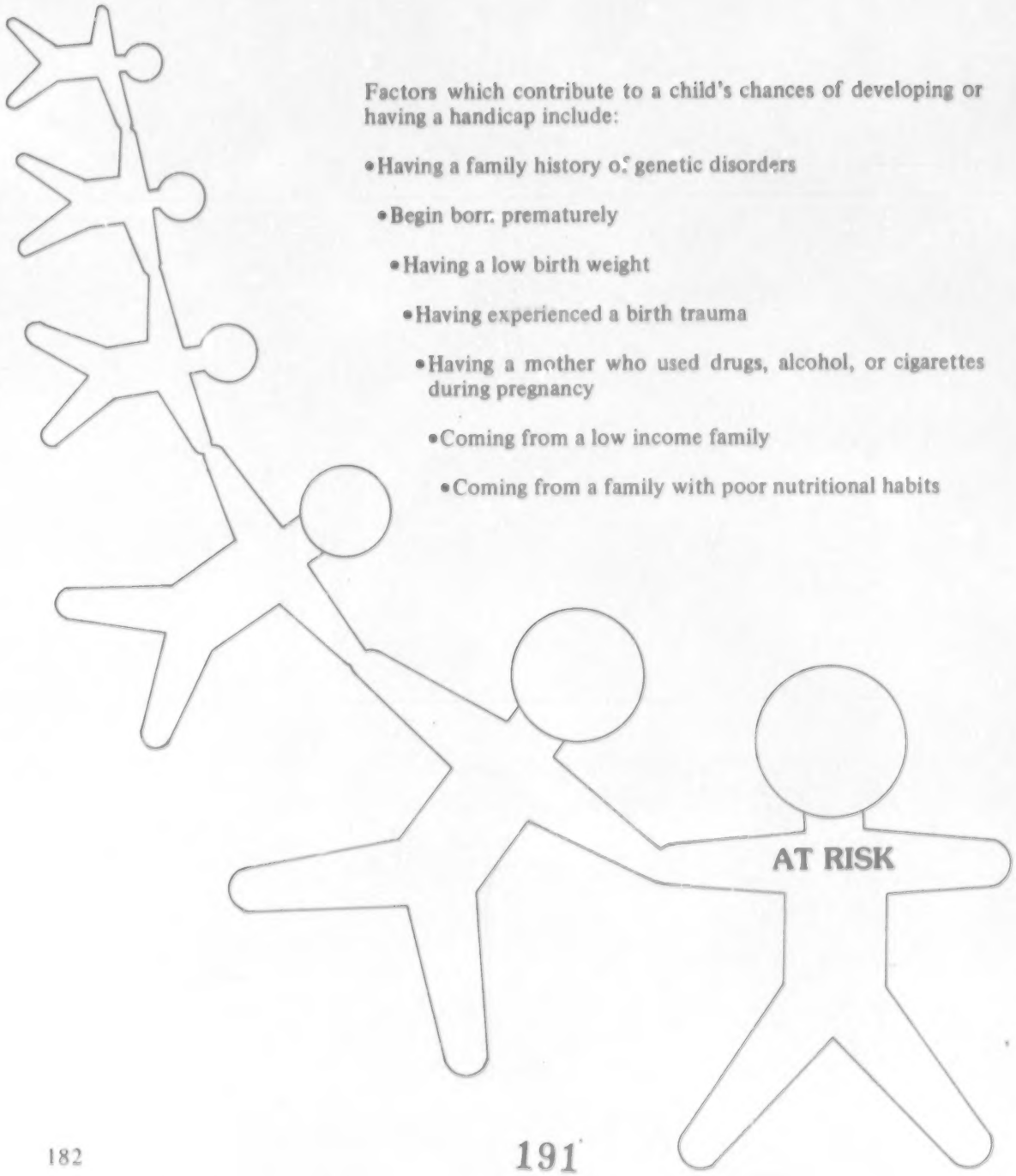
Children at Risk

Factors which contribute to a child's chances of developing or having a handicap include:

- Having a family history of genetic disorders
- Begin born prematurely
- Having a low birth weight
- Having experienced a birth trauma
- Having a mother who used drugs, alcohol, or cigarettes during pregnancy
- Coming from a low income family
- Coming from a family with poor nutritional habits



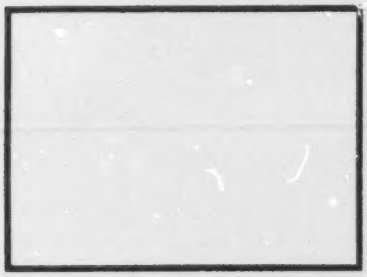
Cut and Arrange

DIRECTIONS

Cut out the pictures below and arrange them in sequence on Handout 8, "Sequence of Gross Motor Development." After you have checked your sequence for accuracy, glue the pictures in place.

Sequence of Gross Motor Development

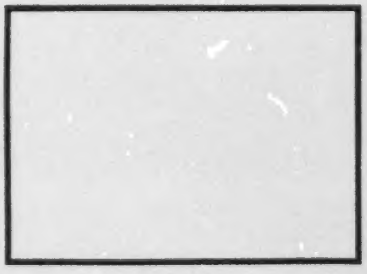
1 Month



2 Months

3 Months

4 Months



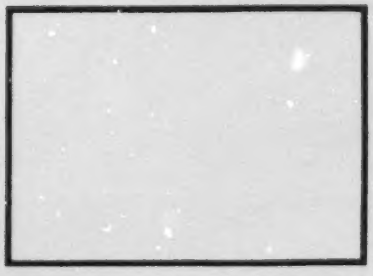
5 Months

6 Months

7 Months

8 Months

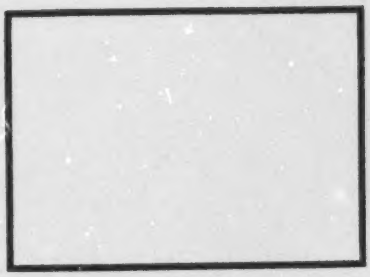
9 Months



10 Months

11 Months

12 Months



13 Months

14 Months

15 Months

Sequencing Language Behaviors

DIRECTIONS

Write each group of three language behaviors in the correct sequence in the boxes below.

LANGUAGE BEHAVIORS	
Uses sentences of more than two words.	0 - 6 Months
Babbles with sounds like "dada."	12 - 18 Months
Names pictures of three to six familiar objects.	24 - 36 Months
Points to body parts when they are named.	0 - 6 Months
Expresses wants through crying.	12 - 18 Months
Goes "under" or "over" when asked to do so.	24 - 36 Months
Responds to own name.	0 - 6 Months
Uses up to 50 words correctly.	12 - 18 Months
Uses pronouns correctly.	24 - 36 Months
Tries to imitate some adult sounds.	0 - 6 Months
Tells own first name.	12 - 18 Months
Uses two-word sentences.	24 - 36 Months

Bulletin Board Labels: Cognitive Development

PREOPERATIONAL

SYMBOLIZES OBJECTS AND ACTIONS IN MENTAL PICTURES AND WORDS

PREOPERATIONAL

REASONS TRANSDUCTIVELY FROM THE SPECIFIC TO THE SPECIFIC

PREOPERATIONAL

VIEWS THINGS FROM A PERSPECTIVE OF HOW THE SELF IS AFFECTED-EGOCENTRIC

PREOPERATIONAL

BEGINS GROUPING OR ORGANIZING CLASSES OF OBJECTS

PREOPERATIONAL

REASONS FORWARD ONLY, FROM THE BEGINNING TO THE END, NOT ABLE TO REVERSE THINKING

SENSORIMOTOR

LEARNS TO REPEAT BEHAVIORS THROUGH ACCIDENTAL EVENTS

SENSORIMOTOR

ACTS INTENTIONALLY TO PRODUCE RESULTS ; SEARCHES VISUALLY FOR HIDDEN OBJECTS

SENSORIMOTOR

BEGINS PROBLEM SOLVING; FINDS PARTIALLY HIDDEN OBJECTS

SENSORIMOTOR

EXPERIMENTS WITH ENVIRONMENT; FINDS HIDDEN OBJECT

SENSORIMOTOR

HAS FULLY DEVELOPED OBJECT CONCEPT; KNOWS OBJECT CONTINUES TO EXIST EVEN WHEN OUT OF SIGHT

SENSORIMOTOR PERIOD

PREOPERATIONAL PERIOD

Self-Help Skills

DIRECTIONS

Check your knowledge of the development of self-help skills. Draw a line to the age range in which the described behavior first appears. Note that there may be more than one behavior per age range.

DRESSING SKILLS

Behaviors	Age Ranges in Months
Puts on own coat but may not yet button.	
Unzips a zipper.	12-18
Fastens buckles, laces, ties knots.	24-30
Takes off socks and shoes.	30-36
Attempts to tie shoes but is not yet successful.	36-48
Takes off simple garments.	48-60

PERSONAL HYGIENE SKILLS

Behaviors	Age Ranges in Months
Indicates through words the need to toilet.	
Brushes teeth effectively.	18-24
Attempts to wash and dry own hands.	24-30
Uses soap and water effectively to wash hands and face.	30-36
Controls bodily functions well, that is, toilet trained.	48-60

EATING SKILLS

Behaviors	Age Range in Months
Drinks well from a cup, few spills.	
Uses a fork effectively.	4-8
Feeds self a cracker.	8-12
Eats with a spoon, some spills.	24-30
Holds own cup.	48-60

Tips for Observing Young Children

- Determine your purpose(s) for observing so that you can select the most appropriate observation technique.
- Select a time to observe when you can be fairly free from most caregiving responsibilities. For example, observe during a learning center time period or during outside play.
- Sit somewhat away from the children so that you can blend into the background. Sit close enough, however, to hear well.
- Always date and label observations. Include the child's name, child's age, date, time observed, name of person observing, and a description of the setting. [NOTE: If you are doing observations for a class or to share as a case study, omit the child's name and other identifying notes so that confidentiality can be maintained.]
- Record objective, observable facts separate from interpretations or generalizations.
- When conducting anecdotal or running records be sure to record entire events including the actions that lead to an event and the follow-up actions.
- Take notes while you are observing. Use abbreviations or symbols to make note taking faster. Always rewrite your notes in clear language shortly after your observation so that the events will still be fresh in your mind. You might also write your interpretations or generalizations at this time.
- If children ask you what you are doing, simply tell them that you are "doing some teacher's work." Children may feel uncomfortable and act differently if they feel too closely observed.
- Remember to put your notes out of sight when you are finished. Such records are confidential and should not be seen by anyone other than the parents unless you have permission from the parents to share them.
- Other tips:

Screening Instruments for Child Care Programs

Ability Development Program
(also available in Spanish)
Division of Special Products
Southwest Educational Development Laboratory
221 East 7th Street
Austin, TX 78701

The Alpern-Boll Developmental Profile
Psychological Development Publications
P.O. Box 3198
Aspen, CO 81611

Brigance Diagnostic Inventory of Early Development
Curriculum Associates, Inc.
8 Henshaw Street
Woburn, MA 01810

Child Check
Lawren Productions, Inc.
P.O. Box 666
Mendocino, CA 95460

Comprehensive Identification Process (CIP)
Scholastic Testing Service
480 Meyer Road
Bensenville, IL 60106

Denver Developmental Screening
LADOCA Publishing Foundation, Inc.
5100 Lincoln Street
Denver, CO 80216

Developmental Activities Screening Inventory (DASI)
Teaching Resources
50 Pond Park Road
Hingham, MA 02043

Developmental Indicators for the Assessment of Learning (DIAL)
Childcraft Educational Corporation
20 Kilmer Road
Edison, NJ 08817

Developmental Screening Questionnaire for Preschool Children
Program Development for Preschool Handicapped Indian Children
Department of Special Education
University of Arizona
Tucson, AZ 85721

Humanics National Child Assessment
Humanics Limited
P.O. Box 7447
Atlanta, GA 30309

Learning Accomplishments Profile (LAP)
Kaplan School Supply
600 Jamestown Road
Winston-Salem, NC 27103

Portage Guide to Early Education
Cooperative Educational Services Agency 12
P.O. Box 564
Portage, WI 53901

School/Home Observation and Referral System (SHORS)
CTB McGraw-Hill
Del Monte Research Park
Monterrey, CA 93940

Screening vs. Assessment

	Screening	Assessment
WHY		
WHEN		
HOW		
WHO		
OUTCOME		

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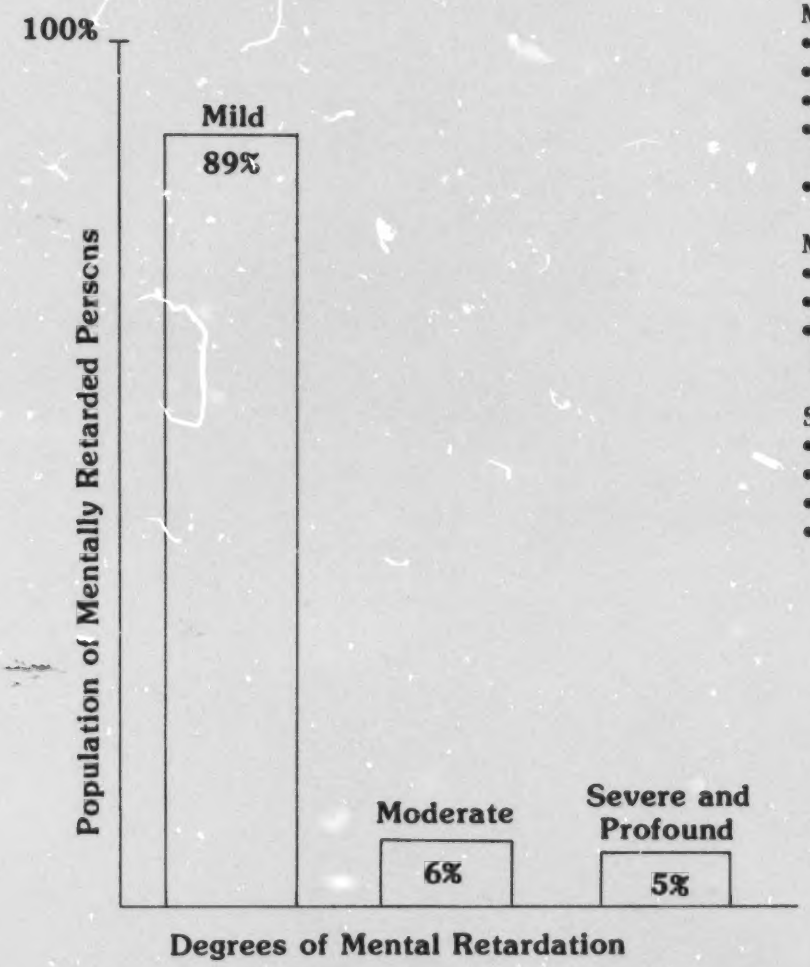
Degrees of Mental Retardation



Mildly Retarded
- Similar to non-retarded peers
- Differ in rate and degree of intellectual development
- Retardation usually identified in elementary school
- Not as easily distinguished from peers in early childhood or in adulthood
- Can live independently and hold jobs as adults

Moderately Retarded
- More obviously handicapped
- Usually identified in early childhood years
- Can be educated to lead fulfilling lives and contribute to the community

Severely and Profoundly Retarded
- May have other handicaps in addition to mental retardation
- Usually identified at birth or shortly thereafter
- Can be trained to care for their basic needs
- Can be trained to perform useful work under supervision

Some Facts About Mental Retardation

Mental retardation. . .

Affects persons of all walks of life, ethnic groups, religious groups, and educational levels.

Affects about six million people and is one of the largest groups of handicapped persons.

Is identified in about 100,000 children each year. A mentally retarded child is born every five minutes.

Directly involves one out of every ten Americans due to having a mentally retarded person in the family.

Is nine times more common than cerebral palsy and affects fifteen times as many people as total blindness.

Has over 250 identified causes but these account for only a quarter of all cases. The cause of the other cases is unknown.

Is believed to be preventable in 50 percent of all cases.

Signs Which May Indicate Mental Retardation: A Check List*

DIRECTIONS

After you have observed and worked with a child for some time as the child's caregiver, you should be able to complete this informal check list. Three or more checks in the "Often or Always" column may be an indication of special need. Discuss the observations with your program director and the child's parents. Further assessment may be advisable. Remember, such a check list is not used to diagnose a child's handicap.

	Often or Always	Rarely or Never
INFORMATION COMING FROM THE ENVIRONMENT		
The child doesn't understand directions, reacts slowly to them, or waits to see what the other children are doing first.	☐	☐
The child seems confused and doesn't do what other children are doing along with them.	☐	☐
The child doesn't know what to do with materials and toys, or uses them for the wrong purposes.	☐	☐
Loud sounds disturb the child.	☐	☐
A lot of unorganized moving around in the classroom confuses the child.	☐	☐
The child has trouble noticing fine details.	☐	☐
The child doesn't answer to his or her name.	☐	☐
The child can't carry out a one-step direction.	☐	☐
The child can't concentrate on one thing for very long, and is easily distracted.	☐	☐
The child doesn't show interest in classroom surroundings.	☐	☐
PROCESSING THE INFORMATION		
The child has trouble remembering what he or she has seen or heard, or what has happened.	☐	☐
The child can't match colors and shapes.	☐	☐
The child can't sort colors and shapes.	☐	☐
The child can't answer simple questions (such as "What's your name?") or gives answers that make no sense.	☐	☐
The child doesn't know things that other children in the class know.	☐	☐
The child does things in the wrong order (such as drying the pan before it has been washed).	☐	☐
The child can't predict dangerous consequences of actions before he or she does them.	☐	☐

*Source: Eleanor W. Lynch, et al. *Mainstreaming Preschoolers. Children with Mental Retardation*, pp. 22-23, a publication of the U.S. Government.

	Often or Always	Rarely or Never
The child can't hear small differences in words (such as boy/toy, Fred/red).	☐	☐
The child can't retell a simple story.	☐	☐
The child has trouble following two or more directions in the right order.	☐	☐
The child doesn't understand common environmental sounds (for example, can't tell you "a car" upon hearing the beep of a car horn).	☐	☐
The child doesn't remember the classroom routine.	☐	☐
The child forgets what he or she is doing in the middle of it.	☐	☐
The child has trouble inventing stories and actions in pretend play.	☐	☐
The child doesn't understand basic concepts such as relationships, time, space, and quantity as well as other children do.	☐	☐

USING THE INFORMATION

Verbal Responses: Talking

The child doesn't talk at all.	☐	☐
You can't understand the child's speech.	☐	☐
The child can't communicate using words and gestures, either alone or together.	☐	☐
The child can't name or describe familiar objects.	☐	☐

Motor Responses: Moving the Body

The child trembles or shakes.	☐	☐
The child falls down or bumps into things a lot.	☐	☐
The child walks unevenly, or limps.	☐	☐
The child has poor eye-hand coordination (for example, knocks things over a lot).	☐	☐
The child can't pull simple clothing on or off.	☐	☐
The child has trouble using toys such as blocks and puzzles.	☐	☐
The child can't copy simple forms, such as a line, circle, square.	☐	☐

THE CHILD'S BEHAVIOR IN THE CLASSROOM

The child resists change and variety in activities by crying, throwing tantrums, or refusing to participate.	☐	☐
The child cannot make choices about what to do or select activities independently.	☐	☐
The child imitates the games of other children rather than inventing his or her own games.	☐	☐
The child withdraws from participating in most or all of the activities.	☐	☐
The child is constantly disrupting the class.	☐	☐

Signs Which May Indicate Learning Disabilities: A Check List*

DIRECTIONS

After you have observed and worked with a child for some time as the child's caregiver, you should be able to complete this informal check list. Items with a double asterisk (**) apply to children four years of age or older. Several checks in the shaded boxes of any one category may indicate a special need. Discuss the observations with your program director and the child's parents. Further assessment may be advisable. Remember, such a check list is not used to diagnose a child's handicap.

	Yes	No	Sometimes
COMMUNICATIVE SKILLS			
Does the child use at least two- and three-word phrases to ask for what he or she wants? (For example, "more juice" or "more juice please.")	☐	■	☐
Does the child use complete sentences to tell you what has happened? (For example, "My doggie ran away" versus "doggie gone.")	☐	■	☐
**When the child is asked to describe something, does he or she use at least two sentences to talk about it?	☐	■	☐
Does the child ask questions? (For example, "Where is Juan?")	☐	■	☐
Does the child seem to have difficulty following directions?	■	☐	☐
Does the child respond to questions with an appropriate answer?	☐	■	☐
Does the child seem to talk too softly or too loudly?	■	☐	☐
Are you able to understand the child?	☐	■	☐
Does the child have difficulty paying attention to group activities for more than five minutes at a time?	■	☐	☐
MOTOR SKILLS			
Does the child stumble often, or appear awkward when he or she moves?	■	☐	☐
Does the child seem afraid of or unable to use stairs, climbing equipment, or tricycles?	■	☐	☐

*Source: Alice H. Hayden, et al. *Mainstreaming Preschoolers: Children with Learning Disabilities*, pp. 23-27, a publication of the U.S. government.

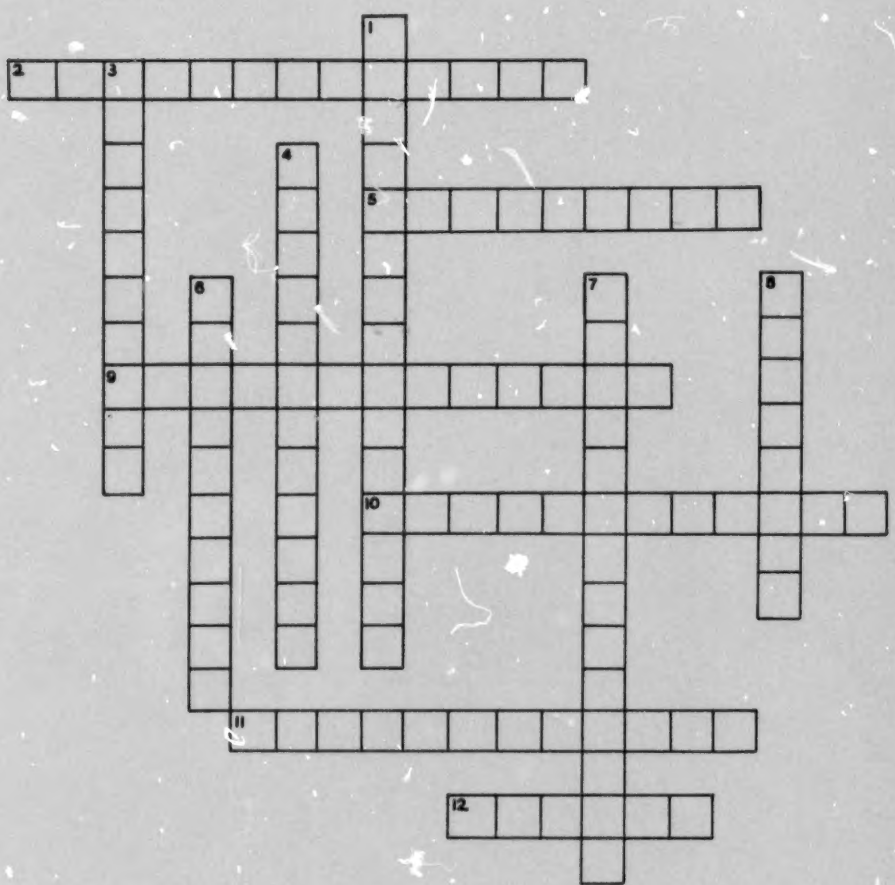
	Yes	No	Sometimes
When the child walks or runs, does one side of his or her body seem to move differently than the other side? For instance, does the child seem to have better control of the leg and arm on one side than on the other?	■	□	□
Can the child hop on one foot?	□	■	□
**Is the child capable of dressing him- or herself except for tying shoes?	□	■	□
Does the child hold a pencil or crayon appropriately with the thumb, index, and middle fingers?	□	■	□
Does the child continually switch a crayon from one hand to the other when coloring?	■	□	□
Do the child's hands appear clumsy or shaky when he or she is using them?	■	□	□
When the child is coloring with a crayon, does the hand that he or she is *not* using appear tense? (For example, clenched into a fist.)	■	□	□
Can the child color inside a circumscribed area with any accuracy?	□	■	□
Can the child cut with a pair of scissors?	□	■	□
SOCIAL SKILLS			
Does the child engage in at least two disruptive behaviors a day? (For example, tantrums, fighting, screaming.)	■	□	□
Does the child appear withdrawn from the outside world? (For example, fiddling with pieces of string, staring into space, rocking his or her body, banging his or her head, talking to him- or herself.)	■	□	□
Does the child appear extremely shy in group activities? (For example, does the child avoid volunteering answers or answering direct questions, even when you think he or she knows the answers?)	■	□	□
Does the child play alone and seldom talk to the other children?	■	□	□
Does the child spend most of the time trying to get attention from adults?	■	□	□
Does the child have toileting problems (wet or soiled) at least once a week?	■	□	□
VISION OR HEARING SKILLS			
Do the child's eye movements appear jerky or uncoordinated?	■	□	□
Does the child seem to have difficulty seeing objects?	■	□	□
. . . tilt his or her head to look at things?	■	□	□

	Yes	No	Sometimes
. . . hold objects close to his or her eyes?	■	□	□
. . . squint?	■	□	□
. . . show sensitivity to bright lights?	■	□	□
. . . have uncontrolled eye-rolling?	■	□	□
. . . complain that his or her eyes hurt?	■	□	□
. . . bump into things constantly?	■	□	□
Does the child appear awkward in tasks requiring eye-hand coordination? (For example, pegs, puzzles, coloring.)	■	□	□
Does the child seem to have difficulty hearing?	■	□	□
. . . consistently favor one ear by turning the same side of his or her head in the direction of the sound?	■	□	□
. . . ignore, confuse, or not follow directions?	■	□	□
. . . rub or pull on his or her ear frequently, or complain of earache?	■	□	□
. . . complain of head noises or dizziness?	■	□	□
. . . have a high, low, or monotonous tone of voice?	■	□	□
. . . respond to your voice when he or she is not looking at you?	□	■	□
. . . ask "what?" excessively?	■	□	□
. . . have speech that is very difficult for you to understand?	■	□	□
GENERAL HEALTH			
Does the child seem to have an excessive number of colds?	■	□	□
Does the child have frequent absences because of illness?	■	□	□
Do the child's eyes water?	■	□	□
Does the child have a discharge from his or her eyes?	■	□	□
. . . his or her ears?	■	□	□
Does the child have periods of unusual movements (such as rapid eye blinking) or "blank spells" that seem to appear and disappear without relationship to the social situation?	■	□	□

	Yes	No	Sometimes
Does the child have hives or rashes?	■	□	□
Does the child wheeze?	■	□	□
Does the child have a persistent cough?	■	□	□
Is the child excessively thirsty?	■	□	□
. . . ravenously hungry?	■	□	□
Have you noticed any of the following conditions?			
. . . constant fatigue	■	□	□
. . . irritability	■	□	□
. . . tenseness	■	□	□
. . . feverish cheeks or forehead	■	□	□
Is the child overweight?	■	□	□
Is the child physically or mentally sluggish?	■	□	□
Has the child lost weight without being on a diet?	■	□	□

Learning Disabilities Vocabulary: A Crossword Puzzle

DIRECTIONS
For each clue or definition given, write the correct word on the puzzle.



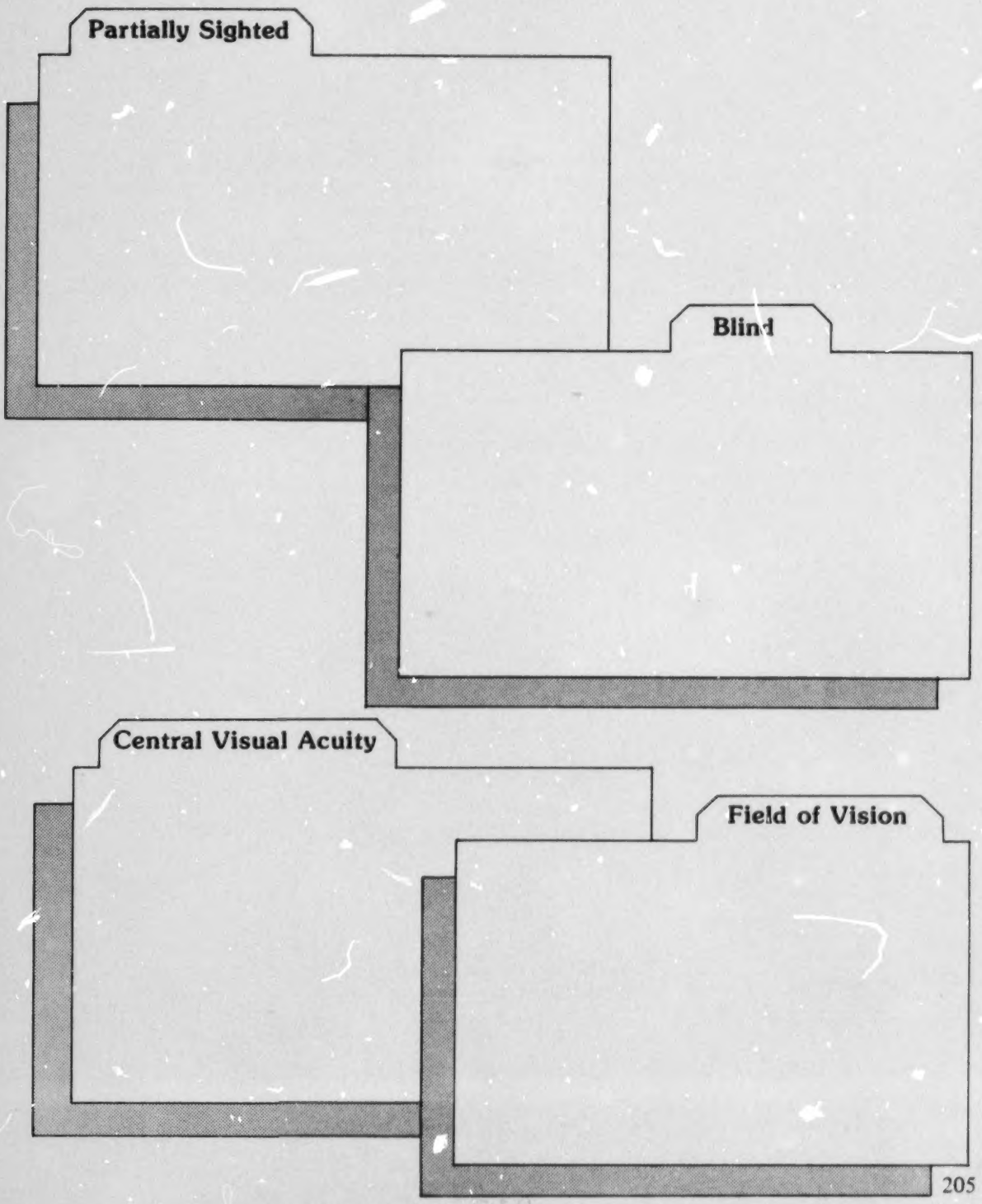
Across

2. Frequent movement and change of focus
5. Language that is heard and understood
9. Acting quickly without hesitation
10. Ability to pinpoint the source of a sound
11. Ability of different parts of the body to work together smoothly
12. Ability to recall what was seen or heard

Down

1. Easily losing concentration or focus
3. Ability to interpret what is seen or heard
4. Movement that uses opposite arms and legs at the same time
6. Language that is spoken
7. Ability to tell the difference between objects or sounds
8. Ability to move the eyes in a systematic way

Visual Impairments: Definitions



Signs Which May Indicate Visual Impairments: A Check List*

DIRECTIONS

After you have observed and worked with a child for some time as the child's caregiver, you should be able to complete this informal check list. If you check "Yes" for any of the items report your observations to your program director and the child's parents. Further assessment may be advisable. Remember, such a check list is not used to diagnose a child's handicap.

	Yes	No
BEHAVIOR		
Rubs eyes excessively.	☐	☐
Shuts or covers one eye, tilts head, or thrusts head forward.	☐	☐
Has difficulty in work that requires close use of the eyes (such as putting puzzle parts together or matching identical shapes).	☐	☐
Blinks more than usual, or is irritable when doing close work.	☐	☐
Holds objects close to eyes.	☐	☐
Is unable to see distant things clearly.	☐	☐
Squints eyelids together or frowns.	☐	☐
APPEARANCE		
Has crossed eyes.	☐	☐
Eyelids are red-rimmed, crusty, or swollen.	☐	☐
Eyes are inflamed or watery.	☐	☐
Has recurring styes (small inflamed swellings on the rim of the eyelid).	☐	☐
COMPLAINTS		
Eyes itch, burn, or feel scratchy.	☐	☐
Cannot see well.	☐	☐
Has dizziness, headaches, or nausea following close eye work.	☐	☐
Has blurred or double vision.	☐	☐

*Source: Lou Alonso, et al. *Mainstreaming Preschoolers: Children with Visual Handicaps*, p. 21, a publication of the U.S. government.

Caring for Children with Visual Impairments

- Provide an environment that permits children to explore and use materials with as little help as possible.
- Provide sensory training experiences in the tactile, auditory, taste, smell, visual, and kinesthetic areas.
- Control light for maximum comfort of partially sighted children; teach colors of everyday objects; use simply illustrated drawings.
- Provide many concrete experiences which involve the other senses.
- Use language to describe what is happening in the environment that the child cannot see.
- Be sure children are encouraged to participate and stay active along with the other children.
- Teach simple mobility techniques such as how to walk down a hallway and how to sit in a chair safely.
- Create many opportunities for children to use remaining visual ability to the maximum.

Signs Which May Indicate Hearing Impairments: A Check List

DIRECTIONS

After you have observed and worked with a child for some time as the child's caregiver, you should be able to complete this informal check list. If you check "yes" to more than one or two items report your observations to your program director and the child's parents. Further assessment may be advisable. Remember, such a check list is not used to diagnose a child's handicap.

	Yes	No
MEDICAL HISTORY		
Is there a history of earaches or ear infections in the child's records?	☐	☐
Does the child complain of earaches, ringing, or buzzing in the ears?	☐	☐
Does the child have allergies or what appear to be chronic colds?	☐	☐
Has the child had a disease (mumps, measles) accompanied by a high fever?	☐	☐
Do parents say that they have wondered if the child has a hearing loss?	☐	☐
HEARING		
Does the child fail to respond to loud, unusual, or unexpected sounds?	☐	☐
Does the child fail to respond to communication that excites the other children? (For example, "Who wants ice cream?")	☐	☐
Does the child frequently fail to understand or respond to instructions or greetings when he or she doesn't see the speaker?	☐	☐
Does the child seem to watch other children rather than listen to the teacher in order to learn what to do next?	☐	☐
Does the child have difficulty finding the source of a sound?	☐	☐
Does the child constantly turn the television, radio, or record player up louder?	☐	☐
Does the child's attention wander or does the child look around the room while the teacher is talking or reading a story?	☐	☐
SPEECH		
Does the child frequently say "Huh?" or "What?" or show other signs of not understanding what has been said?	☐	☐
Does the child use very little speech?	☐	☐
Does the child have difficulty controlling how loudly or softly he or she speaks?	☐	☐
Does the child have trouble putting words together in the right order?	☐	☐

* Source: Rita Ann LaPorta, et al. *Mainstreaming Preschoolers: Children with Hearing Impairments*, pp. 18-19, a publication of the U.S. Government.

	Yes	No
Does the child's voice seem too high-pitched, too low-pitched, or too nasal?	☐	☐
Is the child's speech full of words and sentences that cannot be understood or recognized?	☐	☐
Does the child have poor articulation?	☐	☐

OTHER BEHAVIOR

Does the child have a short attention span?	☐	☐
Does the child seem frequently restless?	☐	☐
Does the child breathe with his or her mouth open?	☐	☐
Is the child seldom the first one to do what the teacher has asked the group to do?	☐	☐
Is the child easily frustrated or distracted in a group?	☐	☐
Does the child tend to play in the quietest group?	☐	☐
Does the child tend to play alone more than the other children do?	☐	☐
Does the child seem unaware of social conventions? For example, does the child:	☐	☐
• never say automatically "thank you," "excuse me," or "sorry"?	☐	☐
• generally tap or grab another person instead of calling his or her name?	☐	☐
• not become quiet in quiet areas or activities (story corner, naptime)?	☐	☐
• not ask permission to leave the room, go to the bathroom, get a drink?	☐	☐
• appear unaware of disturbing others with noises?	☐	☐

Caring for Children with Hearing Impairments

- Provide a child care setting in which the group of children is small. Conduct learning activities in small groups most of the time instead of in large groups.
- Find out which communication training approach is being used with the child and support this approach in the classroom.
- Before speaking, be sure you have the attention of the hearing impaired children.
- Get down on their level and face children with hearing impairments when speaking to them. Avoid placing yourself between the child and a light source as this makes it more difficult for the child to see your face.
- Find out how close you need to be to the child before speaking. Always place children with hearing impairments close to you in any group activity.
- Use a natural tone of voice when speaking and avoid exaggerated lip movements. Use natural language first, then if the child still does not understand, rephrase in simpler terms.
- Encourage the child's language and listening skills by talking frequently to the child and encouraging the child to talk to you and the other children. Praise all efforts to communicate.
- Ask the child to repeat if you do not understand what the child says. If you still do not understand ask the child to show you.
- Avoid correcting the child's pronunciation. Instead repeat back what a child has said, thus providing a correct model.
- Be sure that children with hearing impairments are included in some way in all activities.
- Help the children use their hearing aids properly. Check each hearing aid several times during the day to be sure it is still on and at the correct volume.

Caring for Children with Physical Handicaps

- Encourage children to do as much as possible by themselves. Know each child's abilities and when help should be given.
- Follow therapist's instructions on giving a child exercises.
- Learn how to properly move and position each child.
- Handle children slowly, calmly, and confidently.
- Be patient. Children with physical handicaps are slow in accomplishing certain tasks.
- Learn the purpose and proper function of each child's mechanical devices. Know how to check for proper fit and functioning.
- Check children each day for signs of sore spots or infections on parts of the body affected by the handicap.
- Know the signs of an attack or spell of a health impairing condition. Be prepared to administer appropriate first aid.
- Follow exactly each child's dietary program and serve meals and snacks at scheduled times.
- Follow physician's instructions regarding the administration of prescribed medications. Always keep records of time and amount of medication given and by whom.
- Promote the children's active involvement in all classroom activities.
- Provide activities to promote body awareness and positive self-concept.
- Provide activities and an environment that will promote self-help skills such as eating, toileting, and dressing.

Signs Which May Indicate Speech Impairments: A Check List*

DIRECTIONS

After you have observed and worked with a child for some time as the child's caregiver, you should be able to complete this informal check list. If you check "Often or Always" frequently, report your observations to your program director and the child's parents. Remember that some differences in speech are due to culture, not an impairment. Check lists such as this one should not be used to diagnose a child's handicap.

	Often or Always	Rarely or Never
RECEPTION		
After 24 months, the child cannot point to common objects that are named.	☐	☐
After 24 months, the child cannot understand simple one-part directions, such as "Bring me the ball."	☐	☐
After 36 months, the child repeats questions rather than answering them. For example, when asked, "What did you do yesterday?" the child responds, "Do yesterday."	☐	☐
After 48 months, the child cannot follow two-part directions, such as "Put the book away and get a chair."	☐	☐
After 48 months, the child is unable to respond, even with appropriate gestures, to a slightly complex question, such as "What do you do when you're thirsty?"	☐	☐
After 48 months, the child seems confused when asked a question or when the class is given instructions. The child waits to see what the other children are doing when directions are given.	☐	☐
EXPRESSION		
After 24 months, the child has not yet started talking.	☐	☐
After 36 months, the child cannot put words together to make simple sentences, such as "Give me more juice."	☐	☐
After 48 months, the child cannot tell a recent series of events.	☐	☐
After 48 months, there are unusual word confusions or substitutions of words when the child talks. For example, the child may say "I want a crayon" for "I want a pencil," or "Give me the stove thing" for "Give me a pot."	☐	☐
After 60 months, most of the child's grammar and sentence structure seems noticeably faulty, and is unlike the communication pattern used in the child's home.	☐	☐

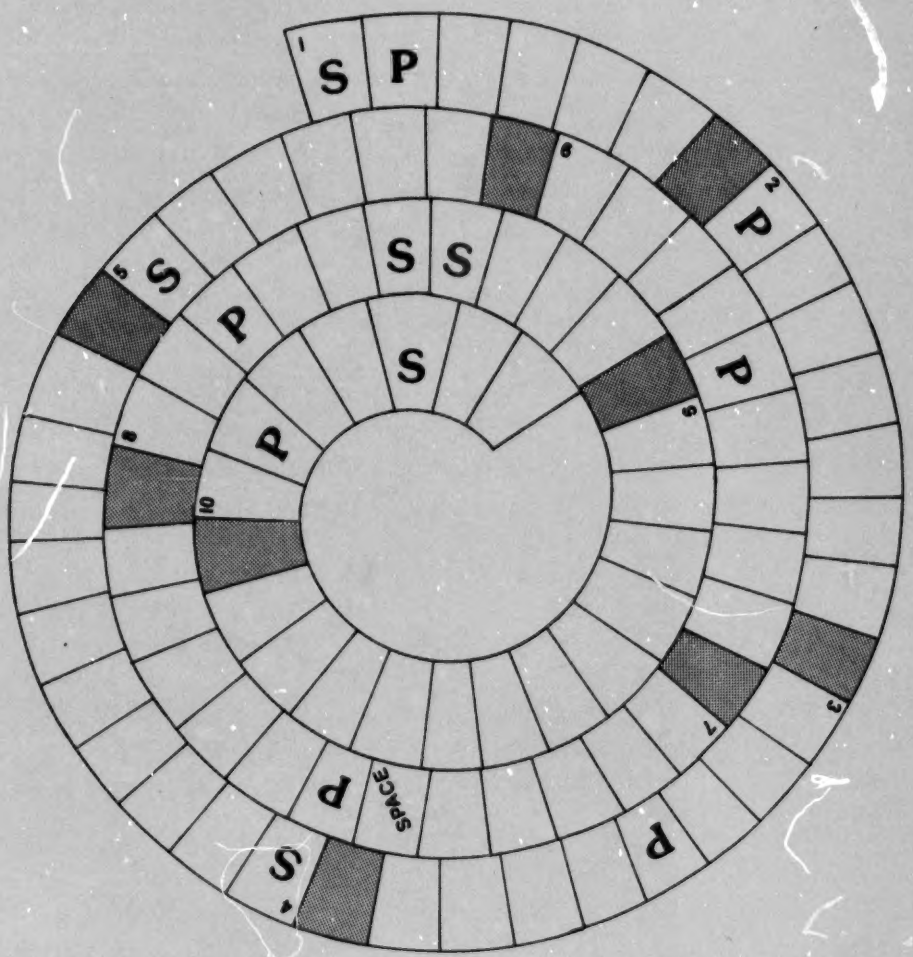
*Source: Jacqueline Liebergott, et al. *Mainstreaming Preschoolers: Children with Speech and Language Impairments*, pp. 24-25, a publication of the U.S. Government.

	Often or Always	Rarely or Never
ARTICULATION		
After 24 months, the child uses mostly vowel sounds (oo, ah, ee) and gestures when talking.	☐	☐
After 36 months, the child leaves out the first sound in many words (says "at" for "cat" or "es" for "yes").	☐	☐
After 42 months, friends, neighbors, and teachers cannot understand most of what the child says.	☐	☐
At any age, the child seems embarrassed or disturbed about his or her speech.	☐	☐
At any age, speech sounds are more than a year late in developing.	☐	☐
VOICE		
The child's voice is so soft that he or she can barely be heard.	☐	☐
The child's voice is extremely loud.	☐	☐
The child's pitch is inappropriate (too high or too low) for the child's sex and age.	☐	☐
The child's voice sounds hoarse, strained, or unusual in some way.	☐	☐
The child's speech is denasal (sounds as if he or she has a cold or sinus condition).	☐	☐
The child's speech is hypernasal (sounds seem to be spoken through the nose rather than through the mouth).	☐	☐
RHYTHM		
The child has noticeable difficulty and seems to struggle trying to say words or sounds.	☐	☐
The child is aware of this difficulty.	☐	☐
There is an abnormal amount of hesitation, repetition of sounds ("cuh-cuh-can") or words ("but-but-but"), and/or prolongation of sounds ("sssssomething") or words ("mmmmeeee") in the child's speech, and the child seems aware of it.	☐	☐

Speech Impairments Vocabulary Spiral

DIRECTIONS

Fill in the blank in each sentence with one word that fits in the puzzle. Every time the letter "S" or "P" is needed, it has been provided for you.



1. A specialist who provides assessments and therapy to the speech impaired child is known as a(an) (1) pathologist.
2. The smallest unit of sound in a spoken language is called a(an) (2) .
3. A small unit of sound in a language which carries meaning is called a(an) (3) .
4. A timing disorder which results in nonfluent speech is known as (4) .
5. A child having difficulty using word endings such as "-ed" is having difficulty with (5) .

6. A child's understanding of language or her or his inner language is referred to as __(6)__ language.
7. A speech impairment caused by an opening in the roof of the mouth, known as _____(7)_____, may give the child's voice a nasal quality.
8. Language which is spoken by the child is known as ____(8)____ language.
9. A child who habitually substitutes one sound in a word for another may have a(an) ____(9)____ disorder.
10. Failure to speak or understand words is known as ____(10)_____.

Caring for Children with Speech Impairments

- Create an environment in which the children feel free to use language. Avoid situations associated with speaking which produce anxiety in the child.
- Know where the child is in the sequence of language acquisition and help the child progress to the next level.
- Encourage other children in the group to serve as language models, translators, and helpers for the children with speech impairments.
- Encourage children to imitate correct speech, but avoid correcting the children's speech. Give children model sentences to use, such as "Tell Matt, 'I want the puzzle.' "
- Expand on what children say, repeating back to them their idea in slightly more complex language. For example, the child may say, "Me go." The caregiver can expand by saying, "Yes, you are going outside."
- Use short sentences when talking to children with speech impairments.
- Be a good listener. Give the child plenty of time to say what she or he wants to say.
- Be aware of differences in speech due to cultural background. These differences are not speech impairments.
- Encourage verbalization by providing a rich and exciting learning environment.
- Use words to accompany actions. Use real objects to introduce new words.
- Provide activities to increase children's listening skills.
- Provide activities to increase children's sequencing skills.
- Provide frequent quiet periods during the day to give noise-sensitive children a rest.

Signs Which May Indicate Behavioral Handicapping Conditions: A Check List*

DIRECTIONS

After you have worked with a child for some time as the child's caregiver ask yourself the following questions. If the answer is "Yes" to any or all of the questions, report your observations to the child's parents and to your program director. Further assessment may be advisable. Remember, such a check list is not used to diagnose a child's handicap.

	Yes	No
Is the child's social and personal behavior so limited that it keeps him or her from participating fully with the other children?	☐	☐
Does the child's learning style or rate of learning prevent her or him from participating fully with the other children?	☐	☐
Does the child show unusual behaviors frequently and/or over a long period of time?	☐	☐
As the child's caregiver have you felt that despite sound child guidance techniques the child's behavior has not improved?	☐	☐

*Source: Miriam G. Lasher, et al. *Mainstreaming Preschoolers: Children with Emotional Disturbance*, p. 42, a publication of the U.S. Government.

Caring for Children with Behavioral Handicaps

- Understand the difference between truly disturbed behavior and behavior that is different due to cultural background or poor child guidance techniques.
- Learn as much as possible about each child's background. Try to get a feel for the child's general pattern of behavior in certain situations.
- Arrange or adjust the environment to minimize stimulation of inappropriate behaviors.
- Use behavior modification techniques to eliminate undesirable behaviors and to increase desired behaviors.
- Reward appropriate behavior. Help the children learn to be self-reinforcing.
- Set clear rules for the children in the group. Involve children in establishing the rules.
- Follow through with stated consequences of inappropriate behavior. Be consistent.
- Provide activities which will help children explore, understand, and control their emotions.
- Provide activities and experiences to develop the child's self-help skills and independence.

Signs Which May Indicate Giftedness: A Check List

DIRECTIONS

After you have observed and worked with a child for some time as the child's caregiver, you should be able to complete this informal check list. If you check "Yes" to several of the items listed report your observations to your program director and to the child's parents. Further assessment may be advisable. Remember, such a check list is not used to diagnose a child as gifted.

	Yes	No
Does the child appear to think or reason more like an older child rather than like age-mates?	☐	☐
Does the child grasp concepts quickly and apply them with little repetition of learning?	☐	☐
Does the child ask lots of questions wanting to know how and why?	☐	☐
Can the child concentrate for long periods of time?	☐	☐
Is the child persistent, that is, determined to complete a project or reach a goal?	☐	☐
Does the child remember detailed facts and events long after they occur?	☐	☐
Does the child frequently think of unusual or creative ways to solve problems?	☐	☐
Is the child a self-starter, enjoying planning and setting goals?	☐	☐
Does the child become absorbed in investigating an area of special interest?	☐	☐
Does the child often use materials in creative and unique ways?	☐	☐
Is the child well-liked by peers, frequently being sought out for his or her good ideas?	☐	☐
Does the child frequently lead the group in planning and directing creative dramatic play?	☐	☐
Did the child learn to walk or talk earlier than usual?	☐	☐
Does the child have a vocabulary and use language at a level well above other children of the same age?	☐	☐
Has the child learned to read before entering first grade?	☐	☐
Does the child exhibit an unusual musical, artistic, or physical talent?	☐	☐

Caring for Children with Gifts and Talents

- In guiding the children's learning emphasize reasoning and problem solving skills, creativity, and critical thinking.
- Help the children learn how to use the scientific method of investigation: observation, hypothesis formation, experimentation, and evaluation.
- Emphasize concepts and principles rather than concrete facts. For example, focus on why some sea animals live in shells rather than on the names of different sea shells.
- Help children learn how to learn.
- When presenting information or material to gifted children, increase the complexity or depth of the material.
- Provide activities for children to use the skills of planning, predicting, decision making, and communication.
- Present situations or objects and have the children generate as many solutions or ways to use the objects as possible.
- Stimulate creative thinking by asking hypothetical questions, such as "What if. . .?"
- Provide opportunities for children to assume leadership roles. Create situations in which they are guiding the learning of other children.
- Provide mentors or role models for the children.
- Reinforce children's individual interests in a particular field of knowledge. Serve as a resource person.

Responding to Individual Differences

DIRECTIONS

For each comment made by a child, write an appropriate response. Be sure your response presents individual differences in a neutral manner.

1. CHILD: "Leila talks funny. She doesn't say things right. I can't understand her." (Said about a child with a speech impairment.)

   CAREGIVER'S RESPONSE:

2. CHILD: "Why does Kim always like to sit on the library pillow? He never plays in the block or science center." (Said about a child who is withdrawn.)

   CAREGIVER'S RESPONSE:

3. CHILD: "Sheila doesn't have any fingers on that hand. Does it hurt?" (Said about a child with a malformed limb.)

   CAREGIVER'S RESPONSE:

4. CHILD: "His head is always moving back and forth. Why does he do that?" (Said about a child who is blind.)

   CAREGIVER'S RESPONSE:

EXPERIENCE PLAN

Topic: _____ *Approximate age(s)* _____
Purpose: _____
Child(ren) who might be involved: _____
Materials: _____
Introduction: _____

Caregivers Role:

Anticipated Child(ren) 's Role:

Results:

EXPERIENCE PLAN

Topic: _____ *Approximate age(s)* _____
Purpose: _____
Child(ren) who might be involved: _____
Materials: _____
Introduction: _____

Caregivers Role:

Anticipated Child(ren) 's Role:

Results:

LEARNING CENTER PLAN

Topic or Theme:

Purpose(s):

Material Needed:

Arrangement: (description or sketch)

Evaluation:

LEARNING CENTER PLAN

Topic or Theme:

Purpose(s):

Materials Needed:

Arrangement: (description or sketch)

Evaluation:

Helping Children with Special Needs Learn to Play

DIRECTIONS

Read the following guidelines which are recommended for caregivers of special needs children. These guidelines suggest ways to promote positive social and play behaviors in young children with special needs. Following each guideline, write an example to illustrate how this guideline can be applied in the mainstreamed child care program.

GUIDELINE: Demonstrate or physically show the child how to participate.

EXAMPLE:

GUIDELINE: Help the child learn how to model or imitate appropriate behavior of peers.

EXAMPLE:

GUIDELINE: Give the child the words needed to tell others what he or she wants or needs.

EXAMPLE:

GUIDELINE: Reward or reinforce attempts to initiate play or participate in social interactions.

EXAMPLE:

GUIDELINE: Use a variety of grouping arrangements to maximize the special child's opportunities to play and socialize. (Possible grouping patterns include: grouping according to developmental level, grouping children who get along well, grouping with a child of a slightly higher developmental level, grouping by the same sex.)

EXAMPLE:

Felt Board Patterns on Behavior Modification

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Guidelines on Use of Time-Out

- Inform parents that you plan to use this guidance technique and how it will be used.

- Be sure all children understand the group's rules or the behaviors that are not acceptable.

- Decide on a spot for time-out, both indoors and outdoors. This spot should be somewhat isolated from the activity areas where the children play. Never use a place that would frighten a child. This spot should only be used for time-out. The caregiver should be able to see the child. A back-up spot might be needed occasionally when two children need to be in time-out at the same time.

- Decide whether the children will be allowed to return from time-out when behavior can be improved, or whether the children must stay there a prescribed amount of time.

- Explain the guidelines for the use of time-out to the children. Explain that whenever a rule is broken or unacceptable behavior is performed, the child will go *each* time *immediately* to time-out.

- When sending a child to time-out be calm and firm. Explain to the child why time-out is needed. Focus on the child's behavior.

- If children are not timed, say, "When you think you can *(tell the child what you expect)*, you may return."

- If children are timed, use a timer which will ring at the end of three to five minutes. Longer than this is not necessary. At the end of the time, the child may return to the group.

Stress Profile

DIRECTIONS

Learn to recognize your own symptoms of stress. Check all those items which describe how you respond to a stressful situation or time period in your life. In the spaces provided, you may write additional items that apply to you.

I know I am under stress when:

PHYSICAL SYMPTOMS

____ I get a headache.

____ My stomach becomes upset.

____ My lower back aches.

____ I have a dry mouth.

____ I perspire more than usual.

____ I grit my teeth.

____ I develop a tense feeling all over.

____ My hands feel cold and clammy.

____ I feel tired all the time.

____ I can't seem to catch my breath.

____

____

____

BEHAVIORAL SYMPTOMS

____ I snap at others for no reason.

____ I say unkind things to others.

____ I blowup and yell at someone.

____ I cry easily.

____ I can't sleep well at night.

____ I eat more than usual.

____ I smoke more than usual.

____ I do thoughtless things that I normally would not do.

____

____

____

EMOTIONAL SYMPTOMS ____ I feel helpless.

____ I feel frustrated.

____ I feel irritable.

____ I feel like I can't do everything.

____ I feel like quitting.

____ I can't stop thinking about something.

____ My emotions seem to swing from high to low in a short period of time.

____

____

____

Professionals Who Work with Children with Special Needs

DIRECTIONS

For each type of professional listed below write a brief description of what this professional does for children with special needs.

	Specific Services Provided for Children with Special Needs
Audiologist	
Diagnostician	
Occupational Therapist	
Pediatrician	

Specific Services Provided for Children with Special Needs

Physical Therapist	
Psychiatrist	
Psychologist	
Special Education Teacher	
Speech/ Language Therapist	

Task Analysis

Task Analysis for: _____
(Task)

Entry Behavior:

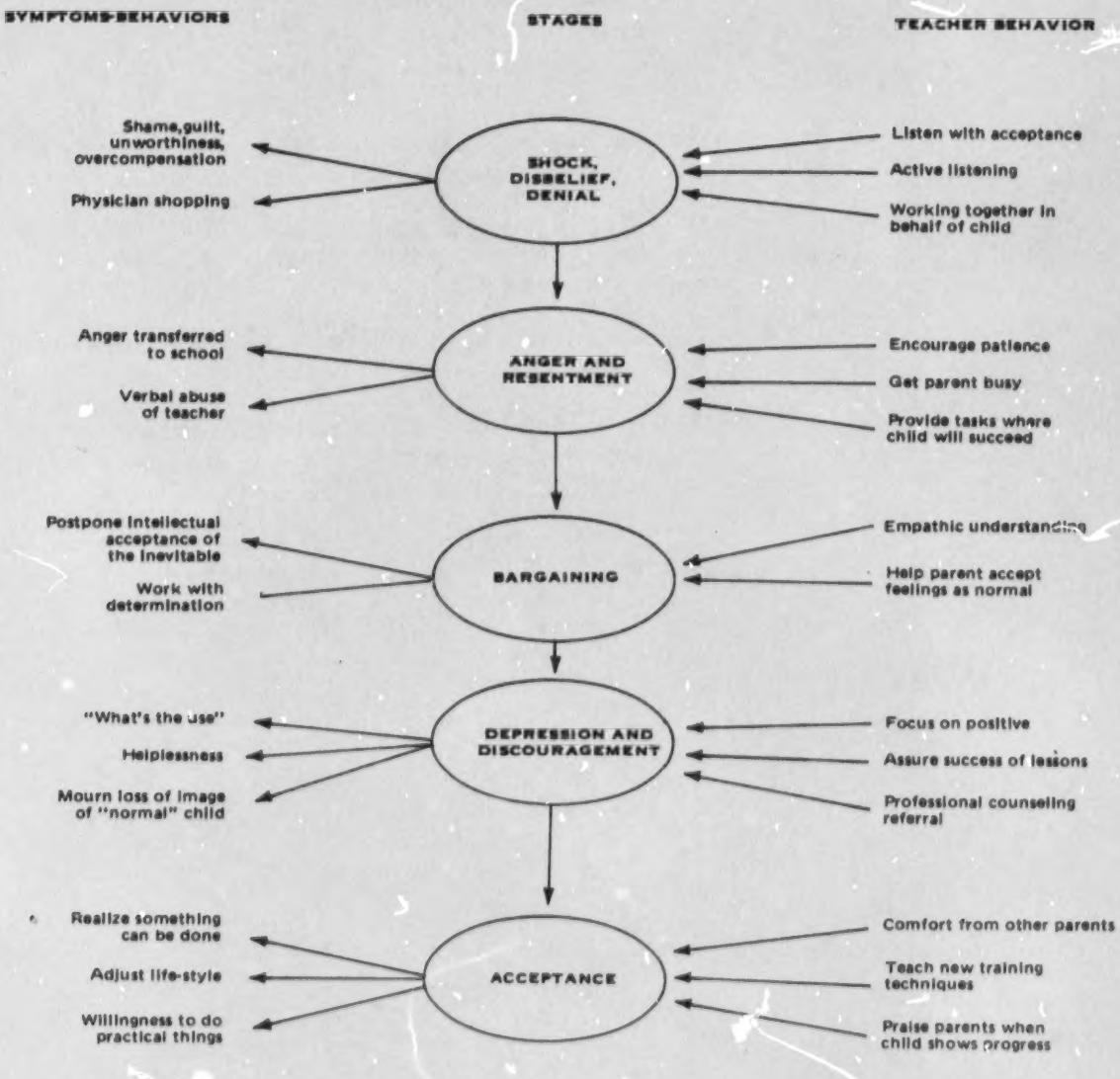
En Route Behaviors:

Terminal Objective:

Gaining and Holding Children's Attention

- Use fingerplays and action songs or provide a moderately novel experience to gain the children's attention.
- Keep structured, caregiver-directed activities short. Ten minutes may be the longest that a caregiver can expect children with some handicaps to pay attention.
- Avoid situations in which children are waiting for materials or for the next activity to begin.
- Eliminate potential distractors. Work with small groups in an area away from other activities in the room. Provide individual work spaces with dividers, if needed.
- Actively involve children in the learning experiences. The more the children *do* the easier it is for them to pay attention.
- Avoid overstimulating children with too many choices or materials with which to work.
- Use positive reinforcement to encourage attending behaviors.

Parental Reactions to a Child's Handicap*



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Meeting Parents' Special Needs: Pitfalls to Avoid

- Avoid making statements about a child's abilities or future unless you are thoroughly informed. Even then, be open to the possibility that you could be wrong.

- Avoid being negative or defeatist. Parents may then adopt the attitude of "It doesn't matter what we do—nothing will help."

- Avoid making unnecessary referrals to agencies or other professionals. This gives parents the feeling that they are getting the "run-around."

- Avoid keeping information such as evaluations, test scores, etc. from parents. Parents need to be fully aware of their child's functioning in order to make the most effective decisions about the child.

- Avoid ignoring requests and opinions of parents. They understandably get annoyed when ignored, and this is certainly not in keeping with the intent of PL 94-142.

- Avoid acting all-knowing and all-powerful. Parents cannot openly talk to someone who has "all the answers."

- Avoid being ignorant of the child's condition and special needs. Parents need to know you are a competent caregiver. If you need more information, attend seminars, read articles, take special education classes, or simply talk to another professional to find out what you need to know.

- Avoid confusing parents' need for information with a need for "therapy." Parents are not patients, and being treated as such only frustrates them when their goal is to search for help for their children.

- Avoid acting as a therapist for parents with emotional problems. Know when to refer parents for professional counseling.

Ways to Communicate with Parents

- Exchange information at arrival and departure.
- Conduct regular parent-caregiver conferences.
- Conduct regular parent meetings.
- Visit the child and family at their home.
- Encourage parents to visit their child or observe at any time with or without notifying the caregiver.
- Call parents and share information by phone.
- Send newsletters home.
- Post important notices on the entry door in large print.
- Have a bulletin board near the main entrance with a coffee area nearby.
- Keep a notebook on each child for parents and caregivers to record events in the child's life.
- Place a notepad and pen near the sign-in sheet for exchanging written messages.
- Post the weekly lesson plans and schedule.
- Send home "happy notes" with highlights of the child's day.
- Give parents copies of developmental check lists, individualized lesson plans, etc., which pertain to their child.
- Have a suggestion box for parents to give feedback to the caregivers.

Glossary of Terms

active listening
An effective communication technique in which the listener repeats or reflects back to the speaker what was said in order to confirm understanding.

admission, review, and dismissal (ARD) committee
Refers to an on-going committee composed of parents, teachers and other professionals. The committee develops and evaluates the child's IEP each year.

anecdotal record
A method of recording observations of a child in which a single event or episode in the child's day is recorded.

aphasia
A language disorder which results in an inability to understand or use words.

articulation disorder
A type of communication handicapping condition which affects speech sound production.

assessment
The process through which a child's special needs are identified. Involves a number of professionals who use a variety of tests or other assessment procedures.

behavior modification
A group of specific techniques designed to change behavior, based on the assumption that all behaviors are controlled by events in the environment which reward or punish behaviors.

birth defects
A term used to describe handicapping conditions which exist at birth.

chromosomes
Thread-like particles in the egg and sperm cells which carry genes.

conductive hearing loss
A loss of hearing due to damaged middle ear mechanisms. Sounds heard are softer but not distorted.

developmental check list
A method of recording observations of a child using a prepared list of behaviors arranged in a developmental sequence. Behaviors that are observed in the child are indicated on the check list.

diagnosis
A descriptive evaluation of a child's special needs which may take the form of a categorical label such as "mentally retarded."

due process
Refers to specific legal procedures which must be followed before placing a child with special needs in an educational setting. Procedures are designed to protect the rights of parents and children.

en route behaviors
Behavior in a task analysis which must be mastered before the child can successfully perform the terminal objective.

entry behavior
The first behavior required in a task analysis of a skill.

ethics
Agreed upon rules of conduct or values or standards by which we live and work.

events sampling
A method of recording observations of a child whereby the frequency of a specific behavior is counted during a certain time period.

extinction
A behavior modification technique in which undesirable behavior is decreased by eliminating the positive reinforcer for the undesirable behavior.

fluency disorder
A type of communication handicapping condition which affects the rate and rhythm of speech for example, stuttering.

genes
Particles carried by the chromosomes of the egg and sperm cells that transmit information about the traits of the individual conceived.

germ cells
Refers to a specific cell in the body designed for reproduction–the egg cell in females and the sperm cell in males.

handicap
Refers to any conditions which somehow prevent, delay, or interfere with a child's normal growth and development.

heredity
Refers to the genetic history and make-up of the individual. In other words, the traits and characteristics passed from one generation to the next.

incidental teaching
A teaching technique in which the caregiver builds upon spontaneous events in the environment to expand children's awareness and learning.

individualized developmental plan (IDP)
Term sometimes used instead of Individualized Education Plan for infants and preschool children.

individualized education plan (IEP)
Refers to a written plan stating specific goals, objectives, and teaching strategies appropriate for the individual child. Always prepared in cooperation with parents, caregivers, and other specialists.

instrument
In relation to screening and assessment refers to the test or procedure used to identify a child's areas of strength and weakness.

integration
Refers to basically the same thing as mainstreaming, that is including children with special needs in the regular classroom or group child care setting.

language disorder
A type of communication handicapping condition which affects a child's ability to express or understand word meanings or the correct order of the parts of speech in a sentence.

least restrictive environment
Refers to the environment which gives the child the most freedom and potential to develop. For some the least restrictive setting is the regular classroom or child care program. For others the least restrictive may be the residential setting.

mainstreaming
Caring for children with special needs in a regular child care setting alongside non-special needs children.

positive reinforcement
A behavior modification technique in which appropriate behavior is immediately followed by a reward.

precision teaching
A teaching technique which applies task analysis to the learning situation. Involves pinpointing desired behavior, analyzing the child's present skill level, charting progress, providing a variety of learning experiences to help the child master the terminal objective.

prognosis
A statement of the probable course that a child's handicap will take and its effects on the child's learning and development.

referral
The act of putting a parent in contact with an individual or agency which can provide specialized assistance or services to the parents and children.

release form
A document which parents sign that gives permission for a child care program to share information about a child's development with another agency or individual.

reverse chaining
A behavior modification technique in which the last step in a behavioral sequence (such as tying a shoe) is learned first, then the next to the last, etc., until the skill is mastered.

running record
A method of recording observations of a child whereby a child's behavior is continuously recorded for a period of time.

screening
The process of identifying children who may be in need of an assessment for possible special needs. This may be done by means of a screening test or through the caregivers' observations of children's behaviors.

sensorineural hearing loss
A loss of hearing due to damaged inner ear mechanisms or nerves. Sounds heard are distorted.

segregation
Refers to spearation of children with special needs from other children for care and education.

special child
Refers to the child who through assessment has been identified as having special needs such as the child with a handicap or the child identified as gifted and talented.

task analysis
The process of breaking a skill down into smaller subskills or behaviors in order to provide step-by-step learning.

terminal objective
The desired outcome or final step of a task analysis, in other words, the target behavior.

time sampling
A method of recording observations of a child's behavior whereby behaviors are noted at periodic time intervals.

transitions
Events in the daily schedule which come between major activity periods.

voice disorders
A type of communication handicapping condition which affects the pitch, volume, or quality of the voice.

Glossary Test

DIRECTIONS

For items 1-20, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ When a child's special needs are identified and categorized this is known as
   A. screening.
   B. testing.
   C. observation.
   D. assessment.

2. _____ The process of finding children who may need to be evaluated for possible special needs is called
   A. screening.
   B. testing.
   C. observation.
   D. assessment.

3. _____ A method of child guidance which is based on the assumption that all actions are controlled by events in the environment is known as
   A. behavior manipulation.
   B. active guidance.
   C. behavior modification.
   D. events sampling.

4. _____ Reflecting back to a speaker what the speaker said in order to confirm understanding is known as
   A. positive reinforcement.
   B. reflective feedback.
   C. active listening.
   D. active speaking.

5. _____ When caregivers pinpoint a behavior, analyze current behavior, chart progress, and offer learning experiences they are using
   A. precision teaching.
   B. reverse chaining.
   C. discovery learning.
   D. systematic instruction.

6. _____ When caregivers help a child learn a new skill by first teaching the last step in the sequence they are using
   A. positive reinforcement.
   B. precision teaching.
   C. extinction.
   D. reverse chaining.

7. _____ Eliminating the reward for a certain behavior will eventually cause that behavior to decrease. This process is known as
   A. positive reinforcement.
   B. contingency management.
   C. extinction.
   D. reverse chaining.

8. _____ Rewarding appropriate behavior immediately after the behavior is exhibited is called
   A. positive reinforcement.
   B. contingency management.
   C. extinction.
   D. reverse chaining.

9. _____ A speech handicapping condition called aphasia is known as a (an)
   A. articulation disorder.
   B. language disorder.
   C. fluency disorder.
   D. voice disorder.

10. _____ A method of observation which uses a list of skills or behaviors is known as a(an)
   A. anecdotal record.
   B. running record.
   C. diary.
   D. developmental check list.

11. _____ A method of recording observations of a child in which a single event is described is known as a(an)
   A. anecdotal record.
   B. running record.
   C. diary.
   D. developmental check list.

12. _____ The process of breaking a skill, such as cutting with scissors, down into smaller steps is called a(an)
   A. en route behavior sequence.
   B. task analysis.
   C. job description.
   D. developmental check list.

13. _____ Events in the daily schedule which come between major activity periods are called
A. breaks.
B. transitions.
C. learning centers.
D. free playtime.

14. _____ Particles carried by the chromosomes that transmit hereditary information are called
A. germs.
B. genes.
C. microbes.
D. sperms.

15. _____ A child whose hearing impairment is due to damage in the middle ear that causes sound to be heard more softly is said to have a
A. conductive hearing loss.
B. sensorineural hearing loss.
C. deaf ear.
D. middle ear infection.

16. _____ Parents have a right to participate in decisions about their special child's Individualized Education Program because of the legal procedures known as
A. parental sanction.
B. release documentation.
C. educational prerogative.
D. due process.

17. _____ A teaching technique in which the caregiver takes advantage of spontaneous events in the environment to expand children's learning is known as
A. dramatic teaching.
B. incidental teaching.
C. precision teaching.
D. environmental teaching.

18. _____ A child whose development is somehow prevented, delayed, or interfered with is said to
A. have abnormal development.
B. be disadvantaged.
C. be crippled.
D. have a handicap.

19. _____ A statement of the probable course that a child's special need will take and its effects on the child's development is known as a(an)
A. prescription.
B. prognosis.
C. diagnosis.
D. etiological study.

20. _____ When parents allow a child caregiver to share information about their child's development with another professional they sign a(an)

A. consent form.
B. permission slip.
C. release form.
D. IEP form.

Answer Keys

UNIT I TEST

1. C
2. B
3. C
4. A
5. C
6. D
7. D
8. A
9. C
10. C
11. A
12. A
13. B
14. A
15. D
16. A
17. B

UNIT II TEST

1. B
2. D
3. D
4. A
5. A
6. C
7. B
8. A
9. C
10. D
11. D
12. B
13. B
14. D
15. C
16. A
17. A

UNIT III TEST

1. B
2. A
3. D
4. A
5. D
6. A
7. C
8. C
9. B
10. B
11. D
12. D
13. A
14. B
15. D
16. C
17. C
18. A
19. B
20. C
21. C
22. D

UNIT IV TEST

1. B
2. B
3. C
4. D
5. A
6. B
7. D
8. A
9. A
10. C
11. B
12. B
13. D
14. B
15. A
16. C
17. B

UNIT V TEST

1. D
2. A
3. B
4. B
5. C
6. A
7. B
8. C
9. D
10. A
11. C
12. D
13. A
14. C
15. B
16. B
17. D

UNIT VI TEST

1. A
2. C
3. D
4. C
5. A
6. B
7. D
8. B
9. C
10. B
11. D
12. C
13. A
14. B
15. A
16. C
17. B
18. A
19. B
20. C
21. B
22. D

GLOSSARY TEST

1. D
2. A
3. C
4. C
5. A
6. D
7. C
8. A
9. B
10. D
11. A
12. B
13. B
14. B
15. A
16. D
17. B
18. D
19. B
20. C

FEDERAL LEGISLATION HANDOUT 2

1. 93-112
2. 94-142
3. 93-380
4. 91-320
5. 88-164
6. 89-750
7. 90-583
8. 93-380
9. 93-644
10. 94-142

WORD SCRAMBLE HANDOUT 4

1. Handicap
2. Least restrictive
3. Screening
4. Assessment
5. Individual
6. Due process
7. Integration

All children have the same basic *developmental* needs.

CROSSWORD PUZZLE
HANDOUT 19

1. Distractibility
2. Hyperactivity
3. Perception
4. Cross-lateral
5. Receptive
6. Expressive
7. Discrimination
8. Tracking
9. Impulsiveness
10. Localization
11. Coordination
12. Memory

VOCABULARY SPIRAL
HANDOUT 27

1. Speech
2. Phoneme
3. Morpheme
4. Stuttering
5. Syntax
6. Receptive
7. Cleft palate
8. Expressive
9. Articulation
10. Aphasia

SEQUENCING LANGUAGE BEHAVIORS
HANDOUT 9

0 - 6 Months	Babbles with sounds like "dada."
12 - 18 Months	Names pictures of three to six familiar objects.
24 - 36 Months	Uses sentences of more than two words.

0 - 6 Months	Expresses wants through crying.
12 - 18 Months	Points to body parts when they are named.
24 - 36 Months	Goes "under" or "over" when asked to do so.

0 - 6 Months	Responds to own name.
12 - 18 Months	Uses up to 50 words correctly.
24 - 36 Months	Uses pronouns correctly.

0 - 6 Months	Tries to imitate some adult sounds.
12 - 18 Months	Uses two-word sentences.
24 - 36 Months	Tells own first name.

SELF-HELP SKILLS
HANDOUT 11

DRESSING SKILLS

Behaviors	Age Ranges in Months
Puts on own coat but may not yet button.	12-18
Unzips a zipper.	24-30
Fastens buckles, laces, ties knots.	30-36
Takes off socks and shoes.	36-48
Attempts to tie shoes but is not yet successful.	48-60
Takes off simple garments.	

PERSONAL HYGIENE SKILLS

Behaviors	Age Ranges in Months
Indicates through words the need to toilet.	18-24
Brushes teeth effectively.	24-30
Attempts to wash and dry own hands.	30-36
Uses soap and water effectively to wash hands and face.	48-60
Controls bodily functions well, that is, toilet trained.	

EATING SKILLS

Behaviors	Age Range in Months
Drinks well from a cup, few spills.	4-8
Uses a fork effectively.	8-12
Feeds self a cracker.	24-30
Eats with a spoon, some spills.	48-60
Holds own cup.	

Bibliography

BOOKS

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.* Albany, NY: Delmar Publishers, 1980. ($12.60 pb; GL: 9; SBF)

Allen, K. Eileen, et al. *Early Childhood Education:Special Problems, Special Solutions.* Gaithersburg, MD: Aspen Systems Corporation, 1982. ($26.95 hb)

Alonso, Lou, et al. *Mainstreaming Preschoolers: Children with Visual Handicaps (A Guide for Teachers, Parents, and Others Who Work with Visually Handicapped Preschoolers).* Washington, DC: U.S. Government Printing Office, 1978. ($6.00)

Anderson, Frances. *Art for All the Children: A Creative Sourcebook for the Impaired Child.* Springfield, IL: C.C. Thomas, 1978. ($20.75 hb)

Ballard, Joseph, et al. *Special Education in America: Its Legal and Governmental Foundations.* Reston, VA: Council for Exceptional Children, 1982. ($12.50)

Bigge, June L. *Teaching Individuals with Physical and Multiple Disabilities.* Columbus, OH: Charles E. Merrill, 1982. ($24.95 hb)

Blacher-Dixon, Jan. *Preschool Mainstreaming: Current State of the Art,* 1979. ERIC Document Reproduction No. ED. 156-358.

Bookbinder, Susan R. *Mainstreaming: What Every Child Needs to Know About Disabilities.* Boston, MA: Exceptional Parent, 1978. ($6.95 pb)

Booth, Anne, et al. *Mainstreaming Children in Day Care and Preschool: A Manual of Training Activities,* 1981. ERIC Document Reproduction No. ED. 205-264.

Briggs, Dorothy C. *Your Child's Self-Esteem: The Key to His Life.* Garden City, NY: Doubleday and Company, Inc., 1970. ($6.95 pb)

Burgoon, Judee K. and Thomas Saine. *The Unspoken Dialogue: An Introduction to Nonverbal Communication.* Boston, MA: Houghton Mifflin, 1978. ($16.95)

Buscaglia, Leo. *The Disabled and Their Parents.* Thorofare, NJ: Slack, Inc., 1983. ($14.00)

Caballero, Jane A. and Derek Whordley. *Humanics National Infant and Toddler Assessment Handbook.* Atlanta, GA: Humanics Limited, 1981. ($14.95)

Caldwell, Bettye M. and Donald J. Stedman (eds.). *Infant Education: A Guide for Helping Handicapped Children in the First Three Years.* New York, NY: Walker and Company, 1977. ($8.95 pb)

Carlson, Nancy A. and Mary Wandschneider (eds.). *Toward Integrating Young Handicapped Children: A Handbook for Preschool Teachers, Parents, and Referring Agencies,* 1979. ERIC Document Reproduction No. ED. 193-853.

Cegelka, Patricia T. and Herbert J. Prehm. *Mental Retardation: From Categories to People.* Columbus, OH: Charles Merrill, 1982. ($24.50)

Children with Special Needs in Day Care–A Guide to Integration: A Guide for Integrating Developmentally Delayed Children into Regular Day Care Services. Toronto, Ontario: National Institute on Mental Retardation, 1978.

Clark, Barbara. *Growing Up Gifted: Developing the Potential of Children at Home and School.* Columbus, OH: Charles E. Merrill, 1983. ($23.95)

Cohen, Dorothy and Virginia Stern. *Observing and Recording the Behavior of Young Children.* New York, NY: Teachers College Press, 1983. ($9.95; GL: 10th)

Combs, A.W., et al. *The Professional Education of Teachers: A Humanistic Approach to Teacher Preparation.* Boston, MA: Allyn and Bacon, 1974.

Cook, Ruth E. and Virginia B. Armbruster. *Adapting Early Childhood Curricula: Suggestions for Meeting Special Needs.* St. Louis, MO: C.V. Mosby, 1982. ($16.95)

Cormack, Elizabeth D. *Considerations for Integration of Physically Handicapped and Non-Handicapped Children,* 1979. ERIC Document Reproduction No. ED. 171-024.

Craig, Grace J. *Human Development.* Englewood Cliffs, NJ: Prentice Hall, 1980. ($23.95; GL: 11th; SBF)

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.* New York, NY: Harcourt, Brace, Jovanovich, 1983. ($20.95 pb)

DeShong, Barbara R. *The Special Educator: Stress and Survival.* Gaithersburg, MD: Aspen Systems, 1981. ($22.95)

Draper, Henry E. and Mary W. Draper. *Studying Children: Observing and Participating.* Peoria, IL: Bennett, 1977. ($12.24 pb; GL: 11th)

Edelwich, Jerry and Archie Brodsky. *Burn-Out: Stages of Disillusionment in the Helping Professions.* New York, NY: Human Sciences Press, 1980. ($26.95 hb; $12.95 pb)

Edwards, Elizabeth A. and Joan M. Hagan. *A Piagetian Approach to a Mainstreamed Preschool.* ERIC Document Reproduction No. ED. 186-113. 1980.

Essa, Eva. *A Practical Guide to Solving Preschool Behavior Problems.* Albany, NY: Delmar, 1983. ($11.20 pb)

Fallen, Nancy H. and Jill E. McGovern. *Young Children with Special Needs.* Columbus, OH: Charles E. Merrill, 1978. ($21.95 hb; GL: 11th)

Findlay, Jane, et al. *A Planning Guide to the Preschool Curriculum: The Child, the Process, the Day.* Winston-Salem, NC: Kaplan, 1976. ($14.95)

Fox, C. Lynn and Ida Malian. *Social Acceptance: Key to Mainstreaming.* Rolling Hills Estates, CA: B.L. Winch, 1983. ($5.95 pb)

Froehlinger, Vira J. *Today's Hearing Impaired Child--Into the Mainstream of Education: A Practical Guide for Preschool and Elementary Teachers, Parents, and Administrators.* Washington, DC: Alexander Graham Bell, 1981. ($14.95 pb)

Gallagher, James J. (ed.). *New Directions for Exceptional Children: Young Exceptional Children.* San Francisco, CA: Jossey-Bass, Inc., 1980.

Garwood, S. Gary, et al. *Educating Young Handicapped Children: A Developmental Approach.* Gaithersburg, MD: Aspen Systems, 1983. ($28.95 hb)

Gearheart, Bill R. *Special Education for the Eighties.* St. Louis, MO: C.V. Mosby, 1980. ($21.95)

Gerlach, Kent. *Activities for Involvement: In-Service Ideas for Attitudinal Change and Awareness,* 1979. ERIC Document Reproduction No. ED. 177-795.

Goetz, Elizabeth M. and Eileen K. Allen (eds.). *Early Childhood Education: Special Environmental Policy, and Legal Considerations.* Rockville, MD: Aspen Publications, 1983. ($29.50)

Gowan, John C., et al. *The Guidance of Exceptional Children: A Book of Readings.* New York, NY: McKay (Longman), 1980. ($12.95 pb)

Greenberg, Herbert M. *Coping with Job Stress.* Englewood Cliffs, NJ: Prentice-Hall, 1980. ($12.95 hb; $5.95 pb; SB)

Guralnick, Michael J. (ed.). *Early Intervention and Integration of Handicapped and Non-Handicapped Children.* Baltimore, MD: University Park Press, 1978.

Hall, Eleanor and Nancy Skinner. *Somewhere to Turn: Strategies for Parents of Gifted and Talented Children.* New York, NY: Teachers College Press, 1980. ($5.95 pb)

Hamrin, Jeannie M. *Mainstreaming Children with Speical Needs: Using Puppetry, Dramatic Play and Literature to Help Young Children Understand Handicaps,* 1981. ERIC Document Reproduction No. ED. 207-302.

Haring, Norris G. (ed.). *Behavior of Exceptional Children: An Introduction to Special Education.* Columbus, OH: Charles E. Merrill, 1978. ($20.95 hb)

Healy, Alfred, et al. *Mainstreaming Preschoolers: Children with Health Impairments, A Guide for Teachers, Parents, and Others Who Work with Health Impaired Preschoolers.* Washington, DC: U.S. Government Printing Office, 1978. ($6.50 pb)

Howard, William and Michael D. Orlansky. *Exceptional Children.* Columbus, OH: Charles E. Merrill, 1980. ($23.95)

Hicks, Joyce B. and Mona Ballard. *Bridges: Bulletin Boards for Mainstreaming, Volume One for Ages 3-6.* Minneapolis, MN: T.S. Denison, 1983. ($6.95)

Hobbs, Nicholas. *The Future of Children: Categories, Labels, and Their Consequences.* San Francisco, CA: Jossey-Bass, Inc., 1974. ($19.95)

Humanics Associates. *Planning for Children: Developing Skills to Plan and Implement an Individualized Educational Preschool Program, Vol. I, A Self Instruction Guide.* Atlanta, GA: Humanics Associates, 1981. ($8.95 pb)

Humanics Associates. *Planning for Children: Developing Skills to Plan and Implement an Individualized Educational Preschool Program, Vol. II, A Trainer's Manual.* Atlanta, GA: Humanics Associates, 1981. ($11.95 pb)

Hyden, Alice H., et al. *Mainstreaming Preschoolers: Children with Disabilities, A Guide for Teachers, Parents, and Others Who Work with Learning Disabled Preschoolers.* Washington, DC: U.S. Government Printing Office, 1978. ($6.50)

Illingworth, Ronald. *Basic Developmental Screening 0-4 Years.* St. Louis, MO: C.V. Mosby, 1982. ($5.95)

International Childrens Center. *Screening and Social Integration of Handicapped Children,* 1980. ERIC Document Reproduction No. ED. 209-854.

Irwine, D. Michelle and Margaret Bushnell. *Observational Strategies for Child Study.* New York, NY: Holt, Rinehart, and Winston, 1980. ($14.95 pb)

Jordan, June B., et al., (eds.). *Early Childhood Education for Exceptional Children.* Reston, VA: The Council for Exceptional Children, 1977.

Karnes, Merle B. and Richard C. Lee. *Early Childhood: What Research and Experience Says to the Teacher of Exceptional Children.* Reston, VA: Council for Exceptional Children, 1978.

Kokaska, Sharen. *Creative Movement for Special Education.* Belmont, CA: Fearon-Pitman Publisher, 1974. ($5.95 pb)

Kolucki, Barbara. *Sharing the Street: Activities for All Children.* New York, NY: Children's Television Workshop, 1978. ($2.00)

Kroth, R.L. *Communicating with Parents of Exceptional Children: Improving Parent-Teacher Relationships.* Denver, CO: Love, 1975.

Lange, Jenny, et al., (eds.). *Out of the Nest: Instructional Strategies to Prepare Young Exceptional Children for the Mainstream,* 1979. ERIC Document Reproduction No. ED. 189-745.

La Porta, Rita A., et al. *Mainstreaming Preschoolers: Children with Hearing Impairments, A Guide for Teachers, Parents, and Others Who Work with Hearing Impaired Preschoolers.* Washington, DC: U.S. Government Printing Office, 1978. ($6.50)

Lasher, Miriam G., et al. *Mainstreaming Preschoolers: Children with Emotional Disturbance, A Guide for Teachers, Parents, and Others Who Work with Emotionally Disturbed Preschoolers.* Washington, DC: U.S. Government Printing Office, 1978. ($6.50 pb)

Laycock, Frank. *Gifted Children.* Dallas, TX: Scott, Foresman and Co., 1979. ($10.95 hb)

Liebergott, Jacqueline, et al. *Mainstreaming Preschoolers: Children with Speech and Language Impairments, A Guide for Teachers, Parents, and Others Who Work with Speech and Language Impaired Preschoolers.* Washington, DC: U.S. Government Printing Office, 1978.

Lilly, Stephen M. (ed.). *Children with Exceptional Needs.* New York, NY: Holt, Rinehart, and Winston, 1979. ($24.95 hb; GL: 12th)

Linder, Toni W. *Early Childhood Special Education: Program Development and Administration.* Baltimore, MD: Paul H. Brooks, 1983. ($15.95 pb: GL: 11th)

Lovitt, Thomas C. *Managing Inappropriate Behaviors in the Classroom: What Research and Experience Says to the Teachers of Exceptional Children.* Reston, VA: Council for Exceptional Children, 1978. ($5.75 pb)

Lynch, Eleanor, W., et al. *Mainstreaming Preschoolers: Children with Mental Retardation: A Guide for Teachers, Parents, and Others Who Work with Mentally Retarded Preschoolers.* Washington, DC: U.S. Government Printing Office, 1978. ($6.50)

Marion, Marian. *Guidance of Young Children.* St. Louis, MO: C.V. Mosby, 1981. ($14.95 pb; GL: 10th; SBF)

Marion, Robert L. *Educators, Parents, and Exceptional Children.* Gaithersburg, MD: Aspen Systems Corporation, 1981. ($26.50 hb)

Marsh, George E. *Teaching Mildly Handicapped Children: Methods and Materials.* St. Louis, MO: C.V. Mosby, 1983. ($21.95 hb)

Martin, Reed. *Educating Handicapped Children: The Legal Mandate.* Champaign, IL: Research Press, 1979. ($10.95)

Meadow, Kathryn. *Deafness and Child Development.* Silver Spring, MD: National Association of the Deaf, 1980. ($12.95 hb)

Mercer, Cecil D. *Students with Learning Disabilities,* 2nd ed. Columbus, OH: Charles E. Merrill, 1983. ($24.95 hb)

Michaelis, Carol T. *Home and School Partnerships in Exceptional Education.* Rockville, MD: Aspen Systems Corporation, 1981. ($27.95 hb)

Michaelis, Carol T. *Handicapped Infants and Children: A Handbook for Parents and Professionals.* Baltimore, MD: University Park Press, 1983. ($19.95)

Moore, Byron C., et al. *A Dictionary of Special Education Terms.* Springfield, IL: Charles C. Thomas, 1980. ($12.75)

Mori, Allen A. and Jane E. Olive. *Handbook of Preschool Special Education: Programming, Curriculum, Training.* Gaithersburg, MD: Aspen Systems Corporation, 1980. ($29.95 hb)

Mori, Allen A. *Families of Children with Special Needs: Early Intervention Techniques for the Practitioner.* Gaithersburg, MD: Aspen Systems Corporation, 1983. ($29.95 hb)

Nelsworth, John T. *Assessment in Special Education.* Rockville, MD: Aspen Systems, 1980. ($23.95)

Nelsworth, John T. *Individualized Education for Preschool Exceptional Children.* Rockville, MD: Aspen Systems, 1980. ($26.50)

Northcott, Winifred H. (ed.). *Curriculum Guide: Hearing Impaired Children, Birth to Three Years, and Their Parents.* Washington, DC: Alexander Graham Bell Association for the Deaf, 1977. ($11.95)

Pizer, Vernon. *You Don't Say: How People Communicate Without Speech.* New York, NY: Putnam, 1978. ($7.95)

Reinert, Henry R. *Children in Conflict: Educational Strategies for the Emotionally Disturbed and the Behaviorally Disordered* 2nd ed. St. Louis, MO: C.V. Mosby, 1980. ($19.95)

Reynolds, M.C. and J.W. Birch. *Teaching Exceptional Children in all America's Schools.* Reston, VA: Council for Exceptional Children, 1982. ($19.95)

Richarz, Ann S. *Understanding Children Through Observation.* St. Paul, MN: West Publishing Co., 1980. ($10.50 pb; GL: 12th)

Roedell, Wendy C., et al. *Gifted Young Children.* New York, NY: Teachers College Press, 1980. ($6.95 pb; GL: 12th)

Rogovin, Anne and Christine Z. Cataldo. *What's the Hurry? Developmental Activities for Able and Handicapped Children.* Baltimore, MD: University Park Press, 1983.

Safford, Philip L. *Teaching Young Children with Special Needs.* St. Louis, MO: C.V. Mosby, 1978. ($19.95 hb; GL: 11th)

Schwartz, Sydney L. and Helen F. Robinson. *Designing Curriculum for Early Childhood.* Boston, MA: Allyn and Bacon, 1982. ($25.45)

Scott, Eileen P. *Your Visually Impaired Student: A Guide for Teachers.* Baltimore, MD: University Park Press, 1982. ($17.50)

Seaver, Judith. *Careers with Young Children: Making Your Decision.* Washington, DC: National Association for the Education of Young Children, 1979.

Seligman, Milton. *Strategies for Helping Parents of Exceptional Children: A Guide for Teachers.* New York, NY: Free Press, 1979. ($14.95)

Smith, Charles A. *Promoting the Social Development of Young Children.* Palo Alto, CA: Mayfield Publishing Co., 1981. ($9.95 pb; GL: 10th)

Smith, Robert M., et al. *The Exceptional Child: A Functional Approach.* New York, NY: McGraw-Hill, 1975. ($25.50)

Souweine, Judith, et al. *Mainstreaming: Ideas for Teaching Young Children.* Washington, DC: National Association for the Education of Young Children, 1981. ($5.00 pb; GL: 10th)

Stangler, Sharon, et al. *Screening Growth and Development of Preschool Children: A Guide for Test Selection.* New York, NY: McGraw-Hill, 1980. ($19.50)

Stixrud, William R. *Plain Talk About Early Education and Dedevelopment,* 1982. ERIC Document Reproduction No. ED. 218-012.

Stokes, Shari K., et al. *Mainstreaming Preschoolers: Children with Orthopedic Handicaps, A Guide for Teachers, Parents, and Others Who Work with Orthopedically Handicapped Preschoolers.* Washington, DC: U.S. Government Printing Office, 1978. ($6.50)

Sunderline, Sylvia (ed.). *The Most Enabling Environment: Education is for All Children.* Washington, DC: Association for Early Childhood Education International, 1979. ($4.00)

Suran, Bernard G. and Joseph V. Rizzo. *Special Children: An Integrative Approach.* Dallas, TX: Scott, Foresman and Co., 1983. ($23.95 hb)

Texas Department of Human Resources. *Families, Day Care & Stress: A Day Provider's Guide.* Austin, TX: Texas Department of Human Resources. ($7.00; SBF)

Texas Department of Human Resources. *When You Care for Handicapped Children.* Austin, TX: Texas Department of Human Resources. ($15.00)

Thompson, Duane G. *Writing Long-Term and Short-Term Objectives: A Painless Approach.* Champaign, IL: Research Press, 1982. ($5.95 pb)

Truch, Stephen. *Teacher Burnout and What to Do About It.* Novato, CA: Academic Therapy Publications, 1980. ($8.00)

Vincent, Lisbeth J., et al. *Serving the Handicapped Child in the Least Restrictive Environment. Initiating Change Through In-service Education: A Topical Instructional Modules Series,* 1981. ERIC Document Reproduction No. ED. 210-884.

Vogel, Ronald J., et al. *Evaluation of the Process.* 1981. ERIC Document Reproduction No. ED. 177-803.

Whordley, Derek and Rebecca J. Doster. *Humanics National Preschool Assessment Handbook.* Atlanta, GA: Humanics Limited, 1983. ($14.95)

ARTICLES

Abelson, A. Geoffrey. "Measuring Preschools' Readiness to Mainstream Handicapped Children." *Child Welfare,* 55 (March, 1976), pp. 216-20.

Allen, K. Eileen. "Mainstreaming: What Have We Learned?" *Young Children,* 35 (1980), pp. 54-63.

Anastasiow, Nicholas J. "Early Childhood Education for the Handicapped in the 80's: Recommendations." *Journal of Council on Exceptional Children,* 47 (January, 1981), pp. 276-82.

Blacher-Dixon, Jan, et al. "Mainstreaming at the Early Childhood Level: Current and Future Perspectives." *Mental Retardation,* 19 (1981), pp. 235-41.

Brooks, K.W. and Carol Deen. "Improving Accessibility of Preschool Facilities for the Handicapped." *Young Children,* 36 (March, 1981), pp. 17-24.

Clark, E. Audrey. "Teacher Attitudes Toward Integration of Children with Handicaps." *Education and Training of the Mentally Retarded,* 11 (1976), pp. 333-35.

Cohen, Shirley, et al. "Public Law 94-142 and the Education of Preschool Handicapped Children." *Exceptional Children,* 45 (1979), pp. 279-85.

Davidson, C. "Parents' and Teachers' Responses to Mainstreaming." *Education Unlimited,* 2 (1980), pp. 33-35.

Dunlop, Kathleen H. "Mainstreaming: Valuing Diversity in Children." *Young Children*, 32 (1977), pp. 26-32.

Engel, Rosalind. "Understanding the Handicapped Through Literature." *Young Children*, 35 (1980), pp. 27-32.

Garry, V.V. "Mainstreaming: Children's Books About Children with Disabilities." *Exceptional Parent*, 8 (1978), pp. 8-12.

Guralnick, Michael J. "The Value of Integrating Handicapped and Non-Handicapped Preschool Children." *American Journal of Orthopsychiatry*, 46 (1976), pp. 236-45.

Klein, Jenny W. "Mainstreaming the Preschooler." *Young Children*, 30 (1975), pp. 317-26.

Lovitt, Tom. "Precision Teaching." *Early Years*, 9 (1982), pp. 44-45, 64.

McLoughlin, James A. and Susan M. Kershman. "Mainstreaming in Early Childhood: Strategies and Resources." *Young Children*, 34 (1979), pp. 54-66.

Meisels, Samuel J. "First Steps in Mainstreaming: Some Questions and Answers." *Young Children*, 33 (November, 1977), pp. 4-13.

Morgan, Dorothy and Mary Elizabeth York. "Ideas for Mainstreaming Young Children." *Young Children*, 36 (January, 1981), pp. 18-25.

Muir, Katherine A., et al. "Advocacy Training for Parents of Handicapped Children: A Staff Responsibility." *Young Children*, 37 (1982), pp. 41-46.

Wessen, Paul D. "Off-Site Stress and the Disadvantaged Caregiver: A Neglected Factor." *Child Care Information Exchange*, 22 (Nov./Dec., 1981), pp. 10-12.

Widerstrom, Anne. "Mainstreaming Handicapped Preschoolers: Should We or Shouldn't We?" *Childhood Education*, 58 (Jan./Feb., 1982), pp. 172-178.

Winklestein, Ellen, et al. "Early Childhood Education Objectives for Normal and Retarded Children." *Mental Retardation*, 12 (1974), pp. 41-45.

Wishon, Phillip M. "Serving Handicapped Children: Six Imperatives." *Young Children*, 38 (1982), pp. 28-32.

AUDIOVISUALS

Alcohol: Crisis for the Unborn. Order from: March of Dimes. ($35.00; video-cassette)

Am I Being Unrealistic? Order from: Media Guild. ($320.00; $40.00 rental; videocassette)

Assessing a Young Child: Identifying Special Needs and Capacities. Order from: Media Guild. ($320.00; $40.00 r... videocassette)

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